

Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF JANUARY 4, 1960



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1. Hufford, A. R.: Rev. of Gastroenterology 18:588.



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Medical Economics

NEWS BRIEFS

SIGN OF THE TIMES: According to the American Association of Fund-Raising Counsel, "There are more \$20 bills in circulation today than any other single piece of currency. Two decades ago, the most prevalent bill was the \$10 bill."

FED UP WITH INSURANCE FORMS? One medical management consultant points out that in his area they bring in 35% of the average doctor's income.

FORAND BILL HAS LESS CHANCE OF PASSING in 1960 than most people think, some key Congressmen are saying privately. Chief reasons: The "economy-in-Government" drive is growing; and the Administration's soon-to-be-announced health plan for the aged will probably upstage Forand's measure.

ARE DOCTORS LOSING PATIENTS to hospital clinics? A recent survey by the Richmond, Va., Health Department showed that 21% of the patients in city-run maternity clinics could afford private care.

NEWS BRIEFS

HOW MUCH OF THE PREMIUM DOLLAR do health insurance plans pay out in benefits? According to the Health Insurance Newsletter, individual commercial insurance pays out 53¢; commercial group plans pay out 77¢; and nonprofit health plans pay out 90¢.

WHAT INDUSTRIES WILL GAIN THE MOST in sales and profits during 1960? A MEDICAL ECONOMICS review of recent predictions by leading investment analysts shows that they have mentioned these four industries most often: steel, autos, paper and paperboard, and railroads.

INCIDENCE OF HEART DISEASE AMONG M.D.s is only 4%, but among executives of the same age it's 6%-11%, a recent study shows. And Dr. Norman Reitman of New Brunswick, N.J., thinks he knows why: "Today... with mergers and impersonal corporate attitudes, many business executives lack job security despite high incomes. Physicians, on the contrary...rarely lack security in their practices."

PHYSICIAN HAS HAD TWO WOMEN ARRESTED for refusing to get off a party line on which he needed to make an emergency call. Dr. Marvin Becker of Newark, N.J., testified he pleaded with the women five times to clear the line so he could call an ambulance for a heart-attack victim. Their only response, he reported, was: "Go to hell!"

BACK TO THE CITY? By the year 2000, says a recent report of the Urban Land Institute, 85% of Americans will be urbanites. Only 69% are now.

NEW BLOWUP BETWEEN MEDICINE AND THE U.M.W. is shaping up in Pittsburgh. Officials of the union's health and welfare fund have told three hospitals there that henceforth they'll pay only "at cost" rates for fund members' care. What this means, one Pittsburgh hospital official says, is "they want to pay us the same per-patient rate that Blue Cross pays, rather than what private patients pay." All three hospitals have refused to go along.

ARE G.P.s BETTER POLITICIANS than doctors in any other field? So the latest report from Virginia indicates. All five doctors now in that state's Legislature are general practitioners.

PSYCHIATRISTS MAY NOT DEDUCT as a business expense the cost of training they take in psychoanalysis, the Tax Court has ruled. Its reasoning: They don't take such training simply to improve their skill at psychiatry, but rather to qualify for the completely different field of psychoanalysis. Previously, this court had ruled that an internist who went through psychoanalysis could deduct its cost on the ground that he went through it chiefly to improve his skill as an internist.

NEWS BRIEFS

PAID-IN-FULL BENEFITS ARE NOW OUTLAWED for all Virginia Blue Cross' individual and small-group subscribers. Because of the plan's continued red-ink operation, state insurance officials have ruled all such policies must have a \$50 deductible.

"HE'S INTERFERING WITH OUR DUTIES," staff doctors at a Cambridge, Md., hospital complained of their administrator. But the hospital's directors sided with the administrator, later suspended the chief surgeon. Now the doctors are boycotting the hospital, and the directors are threatening to sell it.

CALLING ANY SURGERY "MINOR" OR "INTERMEDIATE" must stop, says Dr. Robert S. Myers of Chicago: "These definitions are based on sheer guesswork that a specific operation will or will not cause a serious hazard to life or a danger of disability. But who can foretell these things with any assurance?... The surgeon should be qualified to deal properly with any condition that may arise."

SHOULD DOCTORS LIST AFTER THEIR NAMES in the local phone book the fact that they're members of the local medical society? Members of the San Francisco Medical Society have been split on the question ever since their directors ruled that they should. Recently they held a referendum and vetoed the proposal by more than 2 to 1.



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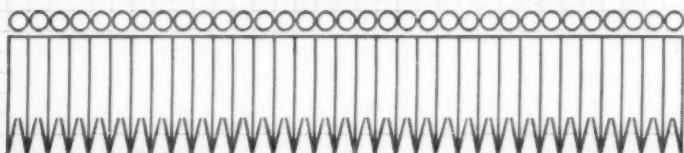
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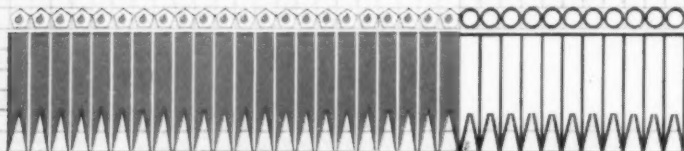
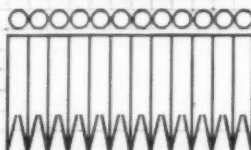
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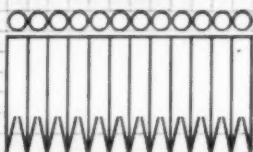
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1. Boland, E.W., and Headley, H.E.: Paper read before the Am. Rheum. Assoc., San Francisco, Calif., June 21, 1958.

2. Bunin, J.J., et al.: Paper read before the Am. Rheum. Assoc., San Francisco, Calif., June 21, 1958.

*Cortisone, prednisone and prednisolone.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JAN. 4, 1960

contents

How to Get More Out of Your Bank 67

Are you taking advantage of the more unusual services it offers? Some of them—trusts or estate-planning and investment services, for instance—could be of real value to you

Start 1960 Right! 75

Want to do yourself, your family, and your profession a good turn? You can—by adopting some of the New Year's resolutions suggested by this professional management man

How to Keep Your Malpractice Rates Down 76

There's no easy way. But this analysis of the malpractice experience of doctors in two major states—one with the highest rates in the country, the other with the lowest—suggests some specific steps that doctors everywhere can take

'I Was Clipped by a Con Man' 85

The title of this article might well be the title of each of this series of sad but true stories of how medical men continue to be taken in by fast-talking petty racketeers

More▶

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contents

Why Not 'Roll Your Own' Mutual Fund? 89

The great appeal of such funds is that they provide diversification—but at the cost of management fees. This writer suggests a way to do it cheaper: Buy stock in a company whose business activities are already widely diversified

Your 1960 Tax Calendar 94

Here are the nine tax dates to remember for the coming year—the dates when you must file tax forms and make payments on your income and Social Security taxes

Founding a Partnership With a Handshake 96

That was the worst business mistake ever made by the G.P.-author of this second in a series of brief articles

The Little Woman: Asset or Millstone? 102

Here are some physicians' candid views, based on their own experiences and observations, of how a wife can influence her doctor-husband's career for good or evil

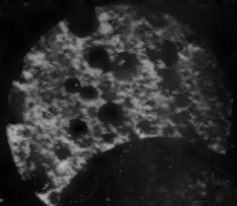
Make the Most of Your Charity Deductions 126

Thanks to our income tax laws, the high cost of giving can be cut considerably. These points will help you save money

Is Solo Practice Done For? 143

A new study of 459 internes and residents in 112 hospitals shows that most of them prefer group, partnership, or salaried practice. Here are the statistical details ***More▶***

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contents

How to Write Medicolegal Reports 153

These pointers should help you do a better and faster job for patients involved in litigation. Thus you'll please not only the patients and their lawyers, but yourself. Why? Because good reports save time, bring higher fees

The Biggest Health Insurance Program 172

Before July of this year, health insurance subsidized by the U.S. Government will be offered to 4,000,000 more persons—Federal employees and their dependents. Here's how their choice of insurance plans will affect your fees

New Push for Professional Independence 188

The battle's beginning again between hospitals and their staff physicians. The physicians' A.M.A.-approved aim: to stop the sale of their services by the hospitals

BOOK FEATURE

The Illusion of Security 221

Professional men especially should fight the curse of conformity, the perversion of patriotism, the illusion of material security, Judge Harold R. Medina believes. If they do so intelligently—and if they prepare themselves properly—they'll not only help their country; they'll also attain 'the only true security' for themselves. That's the gist of Judge Medina's recent best-selling book, 'The Anatomy of Freedom,' which is backed by the authority of forty-five years' experience as a lawyer, teacher of law, and judge. A condensation of the book appears here **More▶**

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Goldberg, L.C., and Diamond, A.: An Appraisal of a New Antipruritic: Trimeprazine ("Temaril"), *Antibiot. Med. & Clin. Therap.* 5:582 (Sept.) 1958.

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contents

DEPARTMENTS

<i>News Briefs</i>	1
<i>Letters</i>	17
<i>News</i>	29
Health & Accident Premium Deduction Still in Doubt ..	29
'Estate Must Pay U.S. Ahead of Doctor'	29
'Today's M.D.s Should Teach Tomorrow's'	32
Election Preview: 'G.O.P. Can't Take Congress'	36
'Chiropractors Are Prospering—With M.D.s' Help' ..	36
'Let Nurses Nurse,' Say Hospitals, Showing How	40
Tax Refunds Scantier Now, But They Come Faster ..	42
Scarce Aides Being Lured by Promise of Soft Jobs ...	42
Morticians, M.D.s Dispute How to Save Lives	46
New England Still Declining Despite Comeback Try ..	46
Rules Are Set for Sale of Variable Annuities	50
No Tax Reforms Foreseen Now by Insiders	50
Are the No-Wax Ads for the New Cars Sincere?	54
How's Your Dictating? Try This Test and See	54
Firms Buy Psychiatric Aid for Their Employees	56
4-Day Work Week Seen as Threat to M.D.s' Income ..	56
Craule Cross Is Born	60
Doctor Outlines Limits on Hospital Trustees' Power ..	60
Are Compact Cars Easy to Repair? Detroit Hopes So ..	64
<i>Memo From the Editors</i>	296

SHORT FEATURES

The 1960 Medical Economics Awards	133
Anecdotes	98, 148, 214
Cartoons ...	69, 70, 72, 82, 92, 116, 158, 178, 192, 280

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*Thompson, R. E., and Hecht, R. A.: Am. J. Clin. Nutrition 7:311-317 (May-June) 1959.

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Letters

Voluntarily Huge Fees

SIRS: The top fee reported by any of the queried doctors in a recent MEDICAL ECONOMICS survey of high fees was quoted as \$4,000. That seems unrealistically low. As an internist, I've twice collected voluntary fees of \$5,000. And, believe it or not, one of them *might* have been \$15,000!

The \$15,000 was proposed by a Texas patient who wanted me to accompany him in his private Pullman from Washington, D.C., to Houston. Since I had a prior commitment to read a paper at a medical meeting in New York City, I told him I couldn't make it. This Texan was used to having his own way. "O.K.," he said. "That'll cost you \$10,000. I'll pay you for the treatment you've given me—but only \$5,000." And darned if he didn't.

I've heard of larger fees, too. A physician I know in New York City was offered and accepted a fee of several thousand dollars plus a \$7,200 Cadillac and an all-expense trip to Florida. Another man, a Californian, got a similar cash fee plus a six-week trip to Europe for himself and his wife. And a

Washington, D.C. oral surgeon was given \$5,000 for extracting an impacted lower third molar.

Huge fees, all right. Yet I suspect they'd seem trivial compared with some that have been volunteered by grateful patients in recent years.

M.D., North Carolina

Hospital Scandal and Unions

SIRS: I feel strongly about the problems posed in "If the Unions Strike Your Hospital." For I've had the following bitter personal experience:

The summer of 1955, between my first and second years of medical school, I was an ambulance attendant at a New York City voluntary hospital—one of those struck last spring. We worked seventy-two hours a week for less than 45 cents an hour. You can imagine the quality of the service. We asked the administrator for shorter hours at the same weekly salary. He refused, saying it was "traditional" for ambulance crews there to work seventy-two hours a week.

So I quit. For the rest of that summer and for the next three summers, I worked on the ambu-

**"...promotes
granulation
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other topical
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used."***

*Diamond, D. K.: A Practical, Effective Treatment for Surface Ulcers in Institutional Practice, New York J. Med. 59:1792 (May 1) 1959.

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18 MEDICAL ECONOMICS · JANUARY 4, 1960

Letters

lance at another New York City hospital. Its hours and pay scale were better: \$180 a month for a forty-eight-hour week. But this still was less than \$1 per hour, and no meals or uniforms were furnished. Though I was also receiving Army disability retirement pay and was unmarried, I had a fairly hard time. How did other ambulance men with families and no regular extra income make ends meet?

Well, one popular source of added income was stealing from patients. I know about this from personal observation at the two hospitals and through close contacts at several others.

There was a constant traffic of thieves back and forth among the hospitals. An escaped murderer drove an ambulance for one. My driver at my first hospital was, unknown to the administrator, a Leavenworth parolee who aptly demonstrated that he shouldn't have been on parole. Most of our older drivers and attendants were alcoholics, with a liberal sprinkling of pervers and psychopaths among them.

But how can you hire good men for \$1 an hour or less? If the ambulance driver could hold down a steady job, he'd be driving a bread truck. The attendant in back is usu-

ally there because he can't be trusted to drive. Yet he's trusted to administer to coronaries, deliver babies, and splint fractures.

Raising pay isn't the full solution, but it's a first step. If hospitals won't pay their personnel a living wage and adopt personnel policies that attract high-quality nonprofessional help, I see no answer but unionization.

M.D., New York

SIRS: . . . "If the Unions Strike Your Hospital" presents a completely distorted picture . . . Its references to the direst forms of job-jurisdictional disputes that would accompany unionization ignore the facts . . . As you should know, the workers at the Mayo Clinic are unionized. I've yet to hear that the doctors there have lost their right to practice freely and efficiently because of unionization problems. Nor has unionization adversely affected the administration of hundreds of other clinics and hospitals under union contract throughout the nation.

Moe Foner

Public Relations Director
Local 1199, Retail Drug Employees Union
New York, N.Y.

Patient Larceny

SIRS: All I can say about "Is This Patient Stealing? 'Not Any More!'" is that things are different in Manhattan—thank goodness!

More on 22

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Letters

I'm an internist, and I'm sure none of my colleagues would think of accepting a patient they'd first met while covering, until at least two years after the patient had stopped going to the other man for treatment. If a patient wants to switch sooner, he's told that there are at least 6,000 other local doctors for him to choose from.

In most large hospitals here, any young covering doctor who unethically keeps a patient will later regret it. He'll soon find he can't get covering work.

M.D., New York

Investment Club Taxes

SIRS: I suggest you warn your readers that members of investment clubs too often overlook the necessity for filing an income tax return for the club.

Most such clubs are technically partnerships for tax purposes. A partnership pays no taxes. But it must file a tax return (Form 1065) showing income and deductions. The club's income consists of dividends, interest, and capital gains. And the way this income has been divided among the members must be shown on the return.

As for deductions, typical ones are transfer taxes, postage, sta-

tionery, telephone bills, subscriptions to investment services, and legal and accounting fees.

But though their club pays no tax, the individual members do. They must report their shares of the club's income on their individual income tax returns. This includes their shares of undistributed income the club has earned and is holding for future reinvestment.

Allan J. Parker, LL.M.
New York, N.Y.

Timid Investment Advice

SIRS: Your article on investment counselors points out that many banks also offer individual counseling. But the research director of the Twentieth Century Fund's pension fund survey, Prof. Paul Howell, takes a dim view of bank people as counselors. Says he: "They have been conditioned to 'play it safe,' to do nothing for which the bank might later be criticized. Furthermore, it is doubtful if banks . . . attract and keep good common stock men."

Derwood S. Chase Jr.
Investment Counselor
Charlottesville, Va.

Why Insure a Jalopy?

SIRS: As your article on \$50-deductible collision insurance points out, the costs of collision damages are tax-deductible, and the insurance premiums are high. So in

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Letters

some situations the insurance may not be worthwhile.

One such situation is when your second car is seven or eight years old and worth about \$400. I'll bet lots of people are in this situation. I was, until the agent himself explained how foolish it was for me to waste my money on collision coverage.

M.D., New Jersey

Nursing-Home Practice

SIRS: You recently described a nursing home as a good investment for a physician to retire on. As one who has owned a sixty-bed nursing home for eleven years, may I add this:

The modern nursing home is also ideal for young and energetic physicians in a small group practice.

As a chronic hospital, it can include geriatric, gastrointestinal, or cardiopulmonary centers, thus providing ambulatory patient-care as well as low-cost hospitalization. This offers unlimited opportunities for common-sense research in geriatrics—a most promising field for the young investigator.

By entering such practice with a few farsighted partners, he can avoid the intellectual atrophy that

so many doctors succumb to in this day of medical overorganization. A nursing-home practice places the physician in his proper place and keeps him from being lost in the crowd.

Percy Garson, M.D.

Peekskill, N.Y.

Larcenous Large Clinics

SIRS: I've become sadly disillusioned with large Eastern clinics because of their stealing of surgical patients. For example, I sent one child patient East with complete X-rays and other studies, including cystometric test, barium enema, etc. I asked the particular clinic doctor simply to do a cystoscopy and give me his opinion as to the advisability of an operation. Instead, he had all her studies repeated at considerable expense to her family and then did the operation himself. Naturally the family and I were quite unhappy, especially since no worth-while improvement resulted.

Such clinics will get no more referrals from me, and patients who request referral there will be directed elsewhere.

M.D., Washington

Do Slow Payers Go West?

SIRS: "Cash in Advance? 'Bad Medicine, Bad Business!'" So say a number of physicians in your recent article of that title. But it's

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References:

- (1) Barnes, R. H.: J.A.M.A. 166:898, 1958.
- (2) Ressler, C.: J.A.M.A. 165:135, 1957.
- (3) Birnberg, C. H., and Abitbol, M. M.: Obst. & Gynec. 11:463, 1958.
- (4) Robillard, R.: Canad. M.A.J. 76:938, 1957.

Geigy-Ardsley, New York

Geigy

whether obesity is simple or complicated



Letters

significant that nearly all these objections to making patients pay cash come from doctors east of the Mississippi—where I once practiced.

There the population is relatively stable and the deadbeats are known. But in the West, particularly in California, we get as patients a great many Eastern failures who've come here to start anew. Most of them bring along their bad credit habits. We also have a fair number of people who, after living here a while, go back home leaving bills unpaid. So it's understandable that Western doctors take a relatively stern view of collecting.

Ivan G. Smith, M.D.
Pomona, Calif.

Society-Banned M.D.s

SIRS: Dr. Asa Barnes states that forty-five of the seventy physicians in Pike County, Ky., are denied membership in the Pike County Medical Society because they practice in the local United Mine Workers hospitals. This outrage is no isolated instance. It's also true of Letcher County, Ky., where I live.

Here there are twenty-five M.D.s. Only eight are permitted

membership in the Letcher County Medical Society. Yet the society has three ex officio members who aren't even M.D.s. One's a pharmacist, one's a dentist, and the third's an optometrist.

Many of the rejected applicants were county medical society members in other states before coming to Kentucky. Four of the men turned down here are board-certified specialists; four others have completed residencies. I wonder where else such situations exist.

Clayton J. Bennett, M.D.
Whitesburg, Ky.

The M.D. and the Ph.D.

SIRS: Dr. Edgar S. Ball's "Why Some Doctors No Longer Love History Professors" makes some basically correct points in reply to Prof. L. K. Williams' article attacking the medical profession. But much of Dr. Ball's article is merely an emotional display reflecting just the sort of egotism Professor Williams decries. Such catharsis can help only Dr. Ball himself. His biting sarcasm will amuse his colleagues, but it also will infuriate Professor Williams—who, as the subject of Dr. Ball's amateur psychoanalysis, has willy-nilly become his patient. For shame!

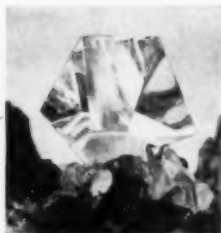
Andrew G. Wilson, M.D.
Detroit, Mich.
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EFFECT: 94.7% CLINICAL EXCELLENCE IN OVER 1000 CASES



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1. Gould, A. H. and Long, D. L.:
(Medical Times, Dec. 1959).

2. Medical Department, White
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The FILIBON jar is a handsome and handy reminder for everyday prenatal nutritional support. You can be sure she will be reminded of her FILIBON-a-day... and that the up-to-the-minute formula covers nutritional defenses throughout pregnancy.

FILIBON provides ferrous fumarate, an iron well-tolerated by even the most easily upset patients. Each small, dry-filled capsule also includes vitamin K and AUTRINIC® Intrinsic Factor Concentrate that enhances, never inhibits, B₁₂ absorption. For complete formula see Physicians' Desk Reference, page 688.

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News

Health & Accident Premium Deduction Still in Doubt

For most taxpayers, it's still an open question whether they can deduct the full premium paid for certain combined health and accident insurance policies.

Recently the Third Circuit Court of Appeals allowed a taxpayer to deduct the full premium of a health and accident insurance policy as a medical expense. This reversed the Internal Revenue Service's stand that only the medical-coverage portion of such policies is deductible. But the I.R.S. has now announced that it won't apply this court ruling in any future cases. It adds that the Government won't test the decision either, by taking it to the Supreme Court.

To a taxpayer, the I.R.S. stand means that:

¶ If he tries to deduct the full premium for such a policy, the I.R.S. will continue to disallow the part that buys benefits for accidental loss of life, limb, sight, and time.

¶ Each taxpayer who insists on the full deduction will have to be ready to fight for it in court.

Right now the only place a tax-

payer has a legal precedent in his favor is the Third Circuit, which includes Delaware, New Jersey, Pennsylvania, and the Virgin Islands.

'Estate Must Pay U.S. Ahead Of Doctor if U.S. Insists'

Suppose a patient dies owing money to both his doctor and the U.S. Government. Which claim has priority? According to a recent decision by the Washington State Supreme Court, the Government's claim comes first if Uncle Sam presses it. Here's the story from the court record:

A patient of Dr. Donald D. Corlett of Seattle, Wash., died, leaving an estate of \$14,000. This the Government claimed toward a tax lien of \$102,000. At the same time, Dr. Corlett asked for payment for his medical services, and a lower state court awarded him \$3,116. But U.S. tax authorities appealed the decision.

Whereupon the higher state court bowed to the Constitution—which says that Federal law takes precedence over state law—and “regretfully” gave the Federal

More on 32

in edema of pregnancy
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in all patients
treated with



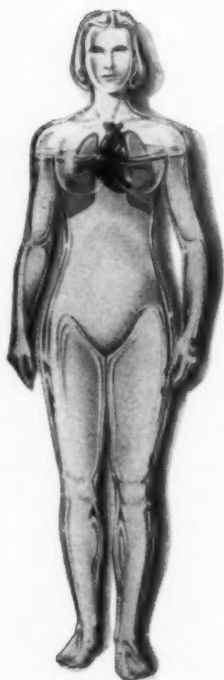
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increased potency—without corresponding increase in side effects

Ford, Ralph V.: Southern Med. J. 52: 40, (Jan.) 1959

"Hydrochlorothiazide was given to patients with edema (mild to moderate) of varied etiology..."

"There were... 5 women in the third trimester of pregnancy." In these patients the cumulative weight loss was 2 pounds after seven days of therapy and 4 pounds after twenty-one days. Gratifying relief of edema was observed in all patients.



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News

Government the whole \$14,000.

At the same time, the court noted that in some areas the U.S. Government doesn't insist that its tax claims take precedence. For example, in a similar case in Georgia a few years ago, Uncle Sam allowed a doctor to be paid first. The Georgia court commented:

"Such a concession . . . is certainly in accord with the dictates of wisdom and humanity, for it would be unfortunate indeed if a man in his last illness could not be attended by a physician . . . without any assurance that the doctor . . . would be paid."

'Today's M.D.s Should Teach Tomorrow's'

What's the best way to train tomorrow's doctor: through a residency program or by putting him under a top practitioner? Only by the latter method, the so-called preceptor system, "can the milk of love, knowledge, and skill be passed on unadulterated from one generation" of doctors to the next.

That's the judgment of Dr. R. Morton Bolman, president of the Indiana Chapter of the American College of Surgeons. Present residency programs, says he, don't offer enough challenge or training to exceptional students.

For example, training centers are turning out too many average-type surgeons, he says, while it's the occasional brilliant surgeon who has won surgery its glory in the past.

So Dr. Bolman would keep an eye open for gifted young candi-



Bolman

dates for preceptorship training. "For the occasional man whose promise is obvious and whose surgical zeal overflows," Dr. Bolman prescribes association "with an

outstanding member of a preceding generation who has been investigated and found worthy."

What's more, the preceptor training might weed out those who shouldn't be doctors. Personal inadequacies may sometimes be "covered up" in a large training center, says Dr. Bolman, but not when the young resident works under close supervision.

What standards should be required of students learning under preceptors? As Dr. Bolman sees it, such students would still take board examinations and be judged by the same standards as their resident brothers. He concludes:

"Superior [surgery] can be

More on 36

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suturing: Xylocaine® HCl Solution applied topically will permit cleaning and suturing of wounds with patient comfort in an emergency or in the office. Fast acting — Safe — Dependable.

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the complaint: "nervous indigestion"

the diagnosis: any of several nonspecific and functional gastrointestinal disorders requiring relief of symptoms by sedative-antispasmodic action with concomitant digestive enzyme therapy.

the prescription: a new formulation incorporated in an enteric-coated tablet, providing the multiple actions of widely accepted Donnatal® and Entozyme.®

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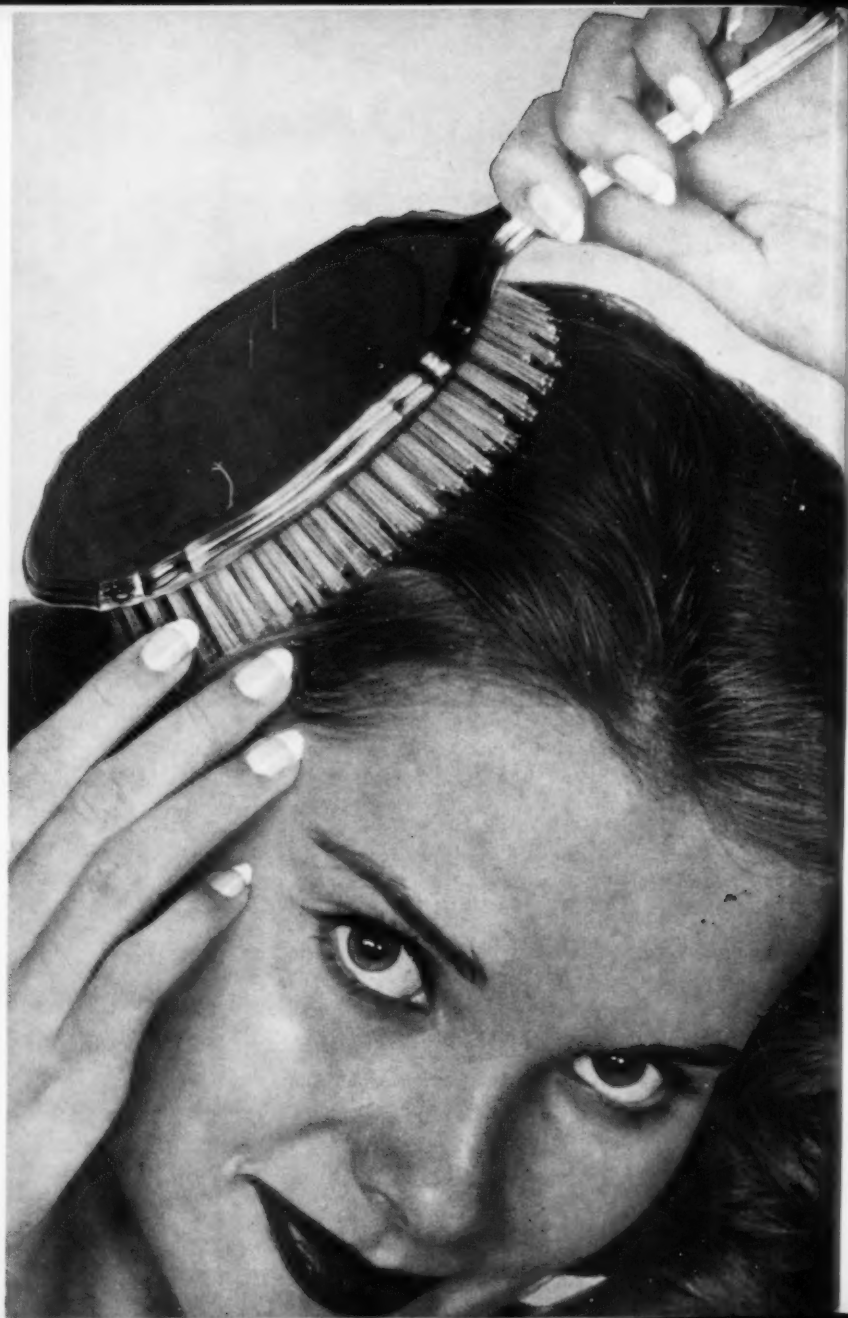
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Knox Gelatine restores normal nail strength in approximately 80 per cent of patients with brittle laminating fingernails. This fact has been confirmed by four independent clinical studies involving 122 subjects. Dosage is one to 3 envelopes of Knox Gelatine per day and improvement usually begins within 30 days.

One point needs special emphasis. Research has established that the entire envelope of Knox Gelatine (120 grains) must be taken in a single dose to provide the dynamic effects necessary to correct the brittle nail defect. Advise your patients against fractional or divided doses. If you would like to examine the substantiating studies just use the coupon below.



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please send reprints of the following articles:

- ☐ 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- ☐ 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- ☐ 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- ☐ 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

Your Name and Address

News

learned only from a master of the art, a master who is no less scientific because of being artistic, but rather more complete than his purely scientific colleague."

Election Preview: 'G.O.P. Can't Take Congress'

Republican leaders are said to be shaking their heads sadly over next November's Congressional election prospects. Indeed, goes one report, they've practically waved good-by to hopes of controlling the Senate. As for the House, they privately concede it'll take a miracle for them to wrest it away from the Democrats.

At least that's how U.S. News & World Report sizes up the situation. Its rundown:

¶ In the Senate, simple arithmetic is against the G.O.P. To win control, Republicans need sixteen seats now held by Democrats. Twenty-two such seats are at stake—but ten of these are in the Solid South, where G.O.P. strength is nonexistent. This leaves only twelve seats that the Republicans have a fighting chance to win. Even if they gain the whole dozen, they'll still be four short of control.

¶ In the House, the Republicans face similar hard sledding. To run the show there, they must capture

sixty-six seats now held by Democrats. Their chances to do this are remote, if past elections are a clue. First of all, the G.O.P. would need a landslide Presidential victory. With its help, they'd need to keep all the seats they now hold—and take every seat that any Democrat won in 1958 with less than 62 per cent of the vote.

It's all possible—but G.O.P. strategists reportedly aren't laying any bets. A voting shift such as they need to control the House has occurred only seven times in the last 100 years of elections.

'Chiropractors Are Prospering—With M.D.s' Help'

Are medical men helping chiropractors to gain a firmer foothold? "A certain number of M.D.s have been impressed by chiropractic enough to . . . offer their patients spinal manipulation." In fact, "many chiropractors claim they have medical doctors as patients." So a mass-circulation magazine recently told the public in making "The Case for the Chiropractors."

To document its case, McCall's went visiting among chiropractors. One "showed a sheaf of letters . . . all from local surgeons and other specialists, addressed 'Dear Doctor,' thanking him for . . . referrals, and discussing the cases at length, in technical language, as colleague to colleague." **More▶**



Strikingly effective, easily tolerated
iron therapy for the entire family

Highly effective in simple iron deficiencies, and usually with a total absence of iron's side effects, 'Feosol' Spansule capsules are the superior dosage form of iron for all adults and children. Since the suggested daily dosage of only one capsule is so convenient, and since G.I. distress is virtually eliminated, 'Feosol' Spansule capsules are the ideal form of iron for every member of the family. They are particularly useful in patients intolerant to conventional iron tablets, especially pregnant women.

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brand of sustained release capsules



only 1 capsule every 24 hours

News

This chiropractor was asked whether M.D.s sent people to him. "Certainly," he told McCall's. "They have patients with conditions they think I can help."

McCall's concedes that "in organizational circles of medicine, [chiropractic is] roundly denounced as a cult." But once in chiropractors' offices, an "impartial investigator" hears about some "cures":

¶ A patient "declares he had been suffering from numbness . . . and pains . . . bad enough to keep

him from working. 'I went to every doctor I could think of for two years before I came here,' he says. He has been coming to the chiropractor several times a week for five weeks, feels better, and is working."

¶ A chiropractor tells of a girl with petit mal who used to have "about twenty to twenty-five short blackouts a day." After nine months of bone-snapping sessions, she now has only "one attack every two months or so." Comments the chiropractor: "It's amazing how well the original principles of chiropractic have held up."

"To medical leaders, such state-

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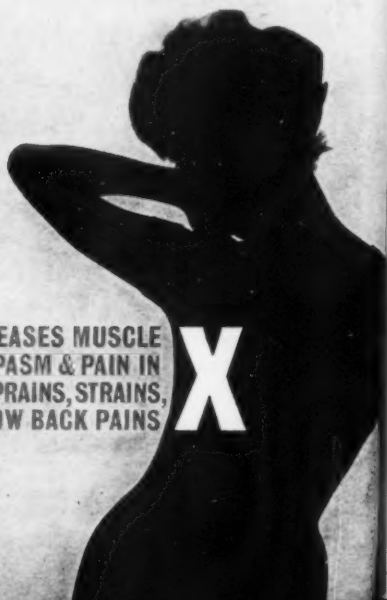
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In prophylaxis of angina pectoris

"The best results..."

"The best results...in both clinical and electrocardiographic response, were observed with a combination of meprobamate and pentaerythritol tetranitrate [EQUANITRATE]..." Russek¹ so reported using double-blind methods in an important new study of pentaerythritol tetranitrate, a placebo, meprobamate, and EQUANITRATE. EQUANITRATE reduces the frequency and severity of attacks and controls angina-triggering emotions.

Supplied: EQUANITRATE 10 (200 mg. meprobamate, 10 mg. pentaerythritol tetranitrate), white oval tablets, vials of 50. EQUANITRATE 20 (200 mg. meprobamate, 20 mg. pentaerythritol tetranitrate), yellow oval tablets, vials of 50.

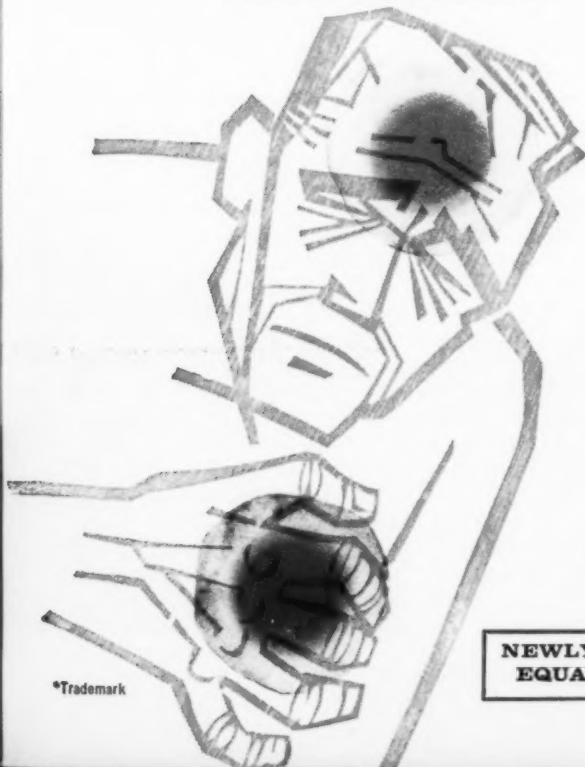
1. Russek, H.I.: Am. J. Cardiol. 3:547 (April) 1959.

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*Trademark

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News

ments are wild nonsense," notes McCall's. "They can't believe their eyes as they see chiropractic continue; they've been expecting it to lie down and die for sixty-four years. 'Chiropractors aren't educated in their schools,' they like to say. 'They're brainwashed.'"

But the magazine thinks the manipulators may have a different future. Its prediction:

"In spite of the constant opposition of organized medicine, a measure of public acceptance of chiropractic has been won. It would seem . . . a good gamble that . . . this acceptance will increase."

'Let Nurses Nurse,' Say Two Hospitals, Showing How

What's a doctor to do when patients complain that hospital nurses aren't giving them enough attention? One possible reaction is to sigh and explain about the nursing shortage. A more constructive reaction may be for the doctor to urge his hospital to look into the examples of two in New Jersey.

At one—Overlook Hospital in Summit—they're discovering just how nurses spend their working hours. Dr. (Ph.D.) Marguerite E. Kakosh, who's also assistant professor at Rutgers College of Nurs-

ing, is directing a survey of the entire nursing service department. It's common knowledge that nurses spend much of their time on odd jobs like:

¶ Stacking linen. This chore may take the equivalent of five nurses' workdays each week.

¶ Borrowing blankets. When the laundry is closed, the nurses have to hunt around for blankets from ward to ward.

¶ Transmitting blood reports. Sometimes reaching the doctor who's supposed to get a report keeps a nurse away from her patients for as much as a quarter of an hour.

¶ Ordering supplies. The nurses have to look up stock numbers and fill out order forms in triplicate.

What Dr. Kakosh and her team want to know is exactly how much time these "nonprofessional tasks" eat up. This will give them a basis for "reorganization . . . of the nursing service department [so] the nurse will be free to nurse and the patient will benefit."

The same suggestion has also been made—by a management consultant—at New Brunswick's Middlesex General Hospital. But there it has actually been put into effect. How? By turning nurses' odd jobs over to a new employee called a floor manager.

Floor managers are male college graduates. With the help of a



delivers more steroid to the site of inflammation

NASAL SPRAY NEO-HYDELTRASOL®

Prednisolone 21-phosphate with Propadrine®, Phenylephrine® and Neomycin

Only NEO-HYDELTRASOL provides its steroid component in true solution—a definite therapeutic benefit, since in pure solution more of the steroid is immediately available to inflamed nasal mucosa.

The anti-inflammatory action of the prednisolone 21-phosphate is reinforced by two valuable decongestants—for fast and prolonged action—and neomycin to combat intranasal infection.

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MEDICAL ECONOMICS • JANUARY 4, 1960 41

News

ward clerk, each floor manager takes charge of admissions and discharges for his floor, orders supplies, stacks laundry, and sees that the area is kept clean.

Each floor manager also serves as a kind of local public relations man. He welcomes new patients to their rooms and bows them out when they leave. He tries to give them a favorable impression of the hospital. And apparently he has also made a favorable impression on the nurses.

Several nurses now say that they feel their talents are being fully used for the first time, reports the hospital general manager, John H. Beddow. He adds: "As for the staff doctors, they were extremely hesitant at first. But now they've accepted the new system with enthusiasm."

Tax Refunds Scantier Now, But They Come Faster

Taxpayers suing for refunds did more poorly than usual in fiscal 1959, although those who won got their money with record speed. According to latest Justice Department figures:

¶ Taxpayers won less than 32 per cent of all refund suits. And they won only 16 per cent of the money they'd claimed in such

suits. That's the taxpayers' worst record ever for refunds.

¶ Taxpayers lost \$18,500,000 in tax liens. The year before, liens had cost them only \$7,000,000.

The bright side of this picture is the speed with which the court decisions were reached: In refund cases, they came an average sixteen months earlier than they did a few years back. Moreover, taxpayer-winners got their checks in an average of two months. It used to be seven months.

Scarce Aides Being Lured By Promise of Soft Jobs

Are doctors entering an era of purely decorative aides?

So some recent want ads would indicate. Office help is so scarce, reports *The Saturday Evening Post*, that employers are announcing in advance that they won't expect much from their girls. For example, one New York physician put only a small premium on brains when he phrased his ad this way:

"Recept. Pediatrician (This means baby doctor). Must like kiddies."

Competing with doctors to hire help, other employers also advertise soft jobs. Pleds one would-be boss: "Friendly people, no pressure." Says another ad: "This is the kind of man you'd love to

More on 46



not sweet, not bitter

TESSALON® is the tasteless cough controller

The problem of taste, which can be a hindrance to effective cough therapy, simply does not exist with Tesselon perles. There is no gagging, no refusal, no delaying, no "cheating"—because Tesselon perles provide medication enclosed in *tasteless* gelatin spheres.

Tesselon, a nonnarcotic, is $2\frac{1}{2}$ times as effective as codeine.* Tesselon acts both at the sensory receptors in the chest and the cough centers of the medulla. Furthermore, it controls cough frequency without interfering with productivity or expectoration; sputum is usually thinner, easier to raise. Tesselon acts within 15 or 20 minutes, controls cough for 3 to 8 hours. There are no major side effects. Whether for acute or chronic cough, whether for short- or long-term therapy, Tesselon has a remarkable margin of safety. Perles insure built-in, precise dosage—no sugar or sodium to interfere with diet, no problem of nausea. Tesselon perles are easy to swallow, easy to carry in pocket or purse.

SUPPLIER: Tesselon Perles, 100 mg. (yellow); bottles of 100. Tesselon Pediatric Perles (for children under 10), 50 mg. (red); bottles of 100. Also available (for use when oral administration of Tesselon is precluded): Ampuls, 1 ml. (5 mg.); cartons of 5.

*Shane, S. J., Krzycki, T. K., and
Copp, B. E.; Canad. M.A.J. 77:600
(Sept. 13) 1967.

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tranquilization

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greater specificity
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— explains why

Mellaril

THIORIDAZINE HCl

is virtually free of such toxic effects as
jaundice, Parkinsonism, blood dyscrasias

"Thioridazine [MELLARIL] is as effective as the best available phenothiazine, but with appreciably less toxic effects than those demonstrated with other phenothiazines. . . . This drug appears to represent a major addition to the safe and effective treatment of a wide range of psychological disturbances seen daily in the clinics or by the general practitioner."^{*}

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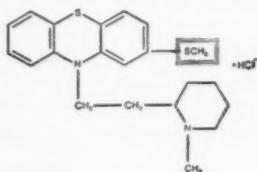
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greater specificity of tranquilizing action results in fewer side effects

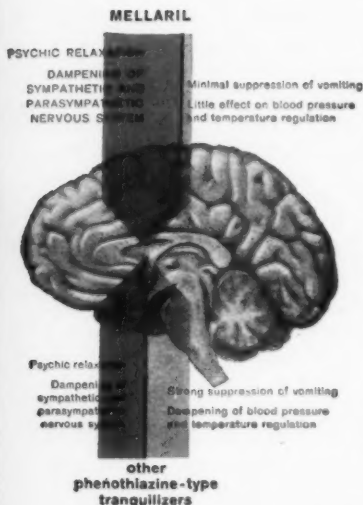


The presence of a thiomethyl radical (S-CH₃) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:

- 1 A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.



- 2 Less "spill-over" action to other brain areas — hence, absence of undue sedation, drowsiness or autonomic disturbances.
- 3 A notable absence of extrapyramidal stimulation.
- 4 Lack of impairment of patient's normal drive and energy.
- 5 Virtual freedom from such toxic effects as jaundice, photosensitivity, skin eruptions, blood forming disorders.



Indication	Usual Starting Dose	Total Daily Dosage Range
ADULTS: Mental and Emotional Disturbances:		
MILD—where anxiety, apprehension and tension are present	10 mg. t. i. d.	20-60 mg.
MODERATE—where agitation exists in psychoneuroses, alcoholism, intractable pain, senility, etc.	25 mg. t. i. d.	50-200 mg.
SEVERE—In agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.:		
Ambulatory	100 mg. t. i. d.	200-400 mg.
Hospitalized	100 mg. t. i. d.	200-800 mg.
CHILDREN: BEHAVIOR PROBLEMS IN CHILDREN	10 mg. t. i. d.	20-40 mg.

Mellaril Tablets, 10 mg., 25 mg., 100 mg.

*Ostfeld, A. M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959.



News

work for—alive, friendly, generous. He's a doll . . ."

Employers also woo the girls with a variety of other pitches. One ad appeals to the romantic: "All-male office—meet handsome celebs." Another offers: "\$110 per wk. Free lunch plus 4-wk. vac." Still another courts the slothful: "Sleep late. 10-6:30 P.M."

Is the plague of purely decorative aides likely to spread? If so, the Post suggests, it soon may be the employer "who has to have good references!"

Morticians, M.D.s Dispute How to Save Lives

Michigan doctors have lost the first round in their fight for legislation to put first aid kits—and someone who can use them—in all ambulances. The winners so far are a state lobby of morticians who operate ambulance services.

"We couldn't get the [ambulance] bill out of legislative committee the first time, but we're going back to try again," promises Dr. Harold W. Woughter of Flint. As chairman of the American College of Surgeons state trauma committee, he heads the effort of his state medical society to accomplish these two things:

¶ Have at least one attendant in

every ambulance pass a Red Cross first aid course.

¶ Have every ambulance carry basic first aid equipment, including oxygen.

Why is the reform needed? Because injuries are too often aggravated by mishandling of ambulance patients and by well-meaning but unnecessary hurry, says Dr. Woughter. And this, he adds, is often the result of hiring low-paid and untrained ambulance drivers and attendants.

"The [doctors'] proposed law is basically a good thing," agrees the Michigan Funeral Directors Association. But the morticians object to a penalty clause that would make disobeying the law a misdemeanor. They also argue that the bill is "badly written," because it's specific about the kind and amount of first aid equipment to be carried.

New England Still Declining Despite Comeback Try

New Englanders are still falling behind on an economic treadmill. Despite their strenuous—and partly successful—efforts to restore the region's business health, industry is continuing to drift away. In the nation's northeast corner, employment, population, and production are all declining. No end to the downward spiral is immediately in sight.

So concludes The Wall Street

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IN
CONVALESCENT
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Available in 75 mg. scored tablets and suspension.

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Double-strength capsules for maximum economy and convenience.

(Dorbanol, 80 mg. + dicyclanil sodium sulfonate, 100 mg.)^{*}

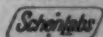
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Available in capsules and suspension.

(Dorbanol, 25 mg. + dicyclanil sodium sulfonate, 50 mg.)^{*}

^{*}IN PROPORTIONS PROVED OPTIMAL BY CLINICAL TRIAL IN OVER 550 CASES.

(Marta, M. M.; Clin. Med. 4:183, 1963)



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You will soon receive in your mail a hand-made, 4-color three-dimensional figure of this Chinese Immortal, mounted and suitable for framing.

S-3469

News

Journal in a survey of the area's six states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont). Reports the Journal: "While the current exodus doesn't equal the southward rush of the big New England textile mills after World War II, it's big and steady enough to offset the inflow of newcomers, chiefly electronics companies."

Chief causes of the flight from New England are given as sky-high local taxes and steep labor costs. Other factors are distance from markets, shortage of natural resources, and heavy freight charges.

For such reasons, when a New England company needs to expand or to renovate its facilities—it doesn't do so in New England. It moves.

For example, Westinghouse Electric recently transferred its refrigeration production from East Springfield, Mass., to Columbus, Ohio. Bridgeport Brass moved a plumbing division from Bridgeport, Conn., to a new plant at Moultrie, Ga. The Nicholson File Company simply closed down its Providence, R.I., plant and channeled orders to plants elsewhere.

Against this trend, worried New Englanders are trying hard to attract industry. For example, Rhode

allergic nose?

Dimetane Works!

with side effects as few as placebo

—New England J. Med. 261:478, 1959 (Schiller, I. W. and Lowell, F. C.)

Dimetane works with an effectiveness of 91% in respiratory allergies

—NEW YORK J. MED. 59:3060, 1959
(Fuchs, A. M. and Maurer, M. L.).

In allergic and pruritic dermatoses the effectiveness rate of Dimetane is 94.6%

—ANTIBIOTIC MED. & CLIN. THERAPY 6:275, 1959 (Lubowe, I. I.).

The A.M.A. Council on Drugs characterizes Dimetane as demonstrating "...a high order of antihistaminic effectiveness and a low incidence of side effects."

—J.A.M.A. 170:194, 1959.

for your next allergic patient **Ⓡ** DIMETANE Extentabs[®] (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.), new DIMETANE-TEN Injectable (10 mg./cc.) or new DIMETANE-100 Injectable (100 mg./cc.).



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News

Island recently authorized \$20,000,000 to finance new factories. Maine has offered similar help. A number of plants have sprung up under such recruiting programs. And the survey strikes another positive note:

"By far the most important plus factor in New England's economy is the fast-growing electronics industry."

Rules Are Set for Sale Of Variable Annuities

The pattern is set for the sale of variable annuities, designed to provide "inflation-proof" retirement income. The first state to specifically authorize the sale of variable annuities by statute, New Jersey, has now added some regulatory details. These regulations probably will influence the form of similar rules in other states.

Up to now the annuities have been offered only by a few small insurance companies, selling mostly by mail. New Jersey companies hope to start selling the policies sometime in 1960.

Even then, a doctor won't be able to simply tell an insurance agent to get one of the new policies for him in New Jersey. The regulation says he must first establish that he has arranged to have a cer-

tain amount of fixed-dollar retirement income. Here's the reason for this requirement:

Variable annuities are tied to common stock investments in the hope that payoffs will fluctuate with the cost of living. Therefore many insurance experts feel that the holder of such an annuity should balance it with investments that yield a fixed retirement income.

This the New Jersey rules try to guarantee by:

1. Requiring the insurance company to establish the total fixed-dollar retirement income that a prospective buyer expects from Social Security, a pension, trust fund, or from other insurance, bonds, or mortgages.

2. Then limiting his investment in the variable annuity policy to not more than the amount of money he would have to lay out to get this fixed-dollar retirement income.

No Tax Reforms Foreseen Now by Insiders

Don't count on the new Congress for any drastic revisions in the income tax set-up. That's the advice of Washington insiders who are skeptical over the results of the current House Ways and Means Committee tax probe.

The study is the pet project of Committee Chairman Wilbur D.

More on 54



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because many diseases involve emotional and physical stress...

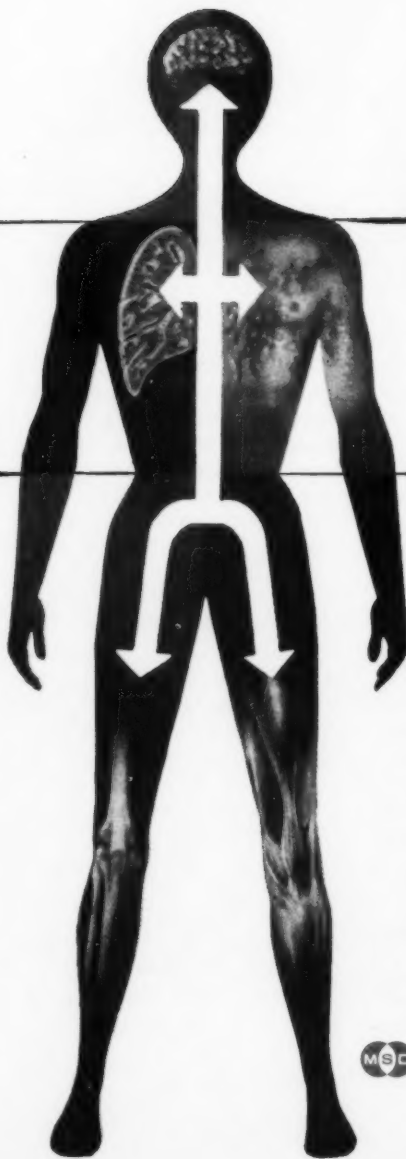
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treats more of
the patient
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DECABAMATE links the action of DECADRON®, the most potent and effective of the antiallergic steroids, with the most widely accepted and well tolerated of the muscle-relaxant tranquilizers, meprobamate . . . By treating more of the patient more effectively, DECABAMATE can often make the difference between disability and employability in many asthmatic and other allergic conditions.

Dosage Range: One or two tablets t.i.d. or q.i.d.

Supplied: As scored yellow tablets providing 0.25 mg. DECADRON plus 200 mg. meprobamate; bottles of 100.

Additional information on DECABAMATE is available to the physician on request.

†Asthma, allergic rhinitis, serum sickness, drug sensitivity, and laryngeal edema.

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News

Mills, Democrat of Arkansas. He's for reforming the tax system in two ways: (1) by lowering the rates on personal and corporate income; and (2) by taxing some dollar sources now exempt or deductible.

But what new sources should be taxed? That's the stumbling block, says Dun's Review columnist Joseph R. Slevin: Too many people have too big a stake in present tax privileges for any real reforms to pass.

For example, home owners will resist giving up their local-tax and mortgage-interest deductions. Heads of families will fight to keep deductions for their elderly dependents, medical expenses, charity contributions. Businessmen will exert heavy pressure to keep their special breaks on capital gains, entertainment expenses, depreciation, business losses, and research and development costs.

What's in store, then? Slevin predicts disappointment for Chairman Mills and not much change for taxpayers.

Are the No-Wax Ads for the New Cars Sincere?

Doctors used to spend an occasional Saturday morning waxing their cars—or sending them to be Si-

monized. But the finish on the new cars is "so durable that you won't have to wax it ever." It's so tough that it "will retain almost 75 per cent of its new-car luster without polishing." So say the ads. True or false?

Misleading, according to *Changing Times*. That magazine advises taking a look beyond the ads to the car manuals. They still recommend polishing.

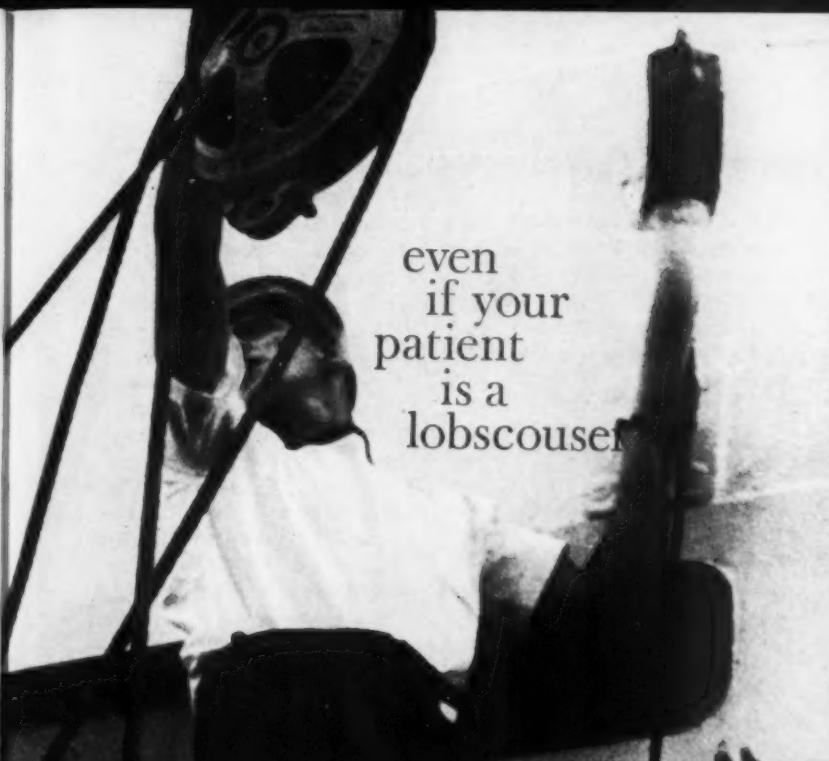
Observes *Changing Times*: The new finishes "do dull and fade with exposure, although appreciably less than the old finishes. [So] in general the outside of your car will need less work less often. Just don't expect it to require none at all."

How's Your Dictating? Try This Test and See

Busy doctors can get their dictating done more efficiently if they'll follow a few simple rules, advises the Medical Society Executives Association. Unless a doctor can answer "yes" to these nine questions, it adds, he's probably wasting time, money, and effort:

1. Have I a definite period for dictating each day?
2. Am I allowing the stenographer ample time for transcription before the mail closes?
3. Do I indicate clearly whether material dictated is a memorandum, letter, report, or other type of communication?

More▶



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if your
patient
is a
lobscouser

he'll be under way again soon, once he's on

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Each PARAFON tablet contains:

PARAFLEX® Chlorzoxazone*, 125 mg.

Specific for skeletal muscle spasm.

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The analgesic preferred in musculoskeletal pain.

Dosage: Two tablets t.i.d. or q.i.d.

Supplied: Tablets, scored, pink, bottles of 50.

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Precautions: The precautions and contraindications that apply to all steroids should be kept in mind when prescribing PARAFON WITH PREDNISOLONE.

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U. S. Patent Pending

News

4. Do I indicate how many copies I need before the material is typed?

5. When I anticipate changes, do I ask for a rough draft?

6. Do I spell unusual words and proper names; do I clearly enunciate figures?

7. Do I regulate my dictation speed to the stenographer's writing speed?

8. Do I indicate which letters are to be rushed?

9. Do I give the stenographer an opportunity to ask questions on points that aren't clear to her?

Firms Buy Psychiatric Aid For Their Employees

Why shouldn't a firm arrange for psychiatric care of its employees just as it provides general medical care? Four New York firms have decided that such service is part of a modern employee-health program. They've contracted with a New York hospital to carry out their idea.

Here's how the program works:

A special psychiatric division has been set up at New York's Mount Sinai Hospital to (1) provide psychiatric services to the four firms' employees, and (2) study industrial problems that may affect workers' mental health.

The hospital provides diagnostic consultation for patients referred by company physicians. For these services the firm pays a flat fee. Arrangements are also made for treatment when necessary. If extended treatment is called for, referral is made to a psychiatrist, clinic or institution, and the patient or his company is billed directly.

Part of the money received by the hospital for its service goes for research. For example, the psychiatric division is now looking into such questions as: What can companies do to ease the psychological burden of employees about to retire? How do the results of psychological tests given to employees compare with on-the-job performance? How can alcoholism in executive personnel be controlled?

In charge of the new hospital program is Dr. Milton R. Sapirstein, a staff neurologist and psychiatrist. He'll be assisted by other staff psychiatrists who have expressed interest in helping out part-time. "This type of program would provide a change of pace for them," he says.

4-Day Work Week Seen as Threat to M.D.s' Income

Medical men will suffer in the pocketbook if industry ever adopts a four-day work week. Not only will less be spent on medical and hospital care; doctor-investors will

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*an uncommon antibiotic
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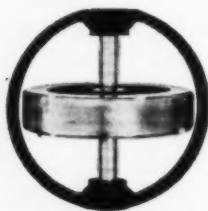
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*still unsurpassed
for total
corticosteroid
benefits*

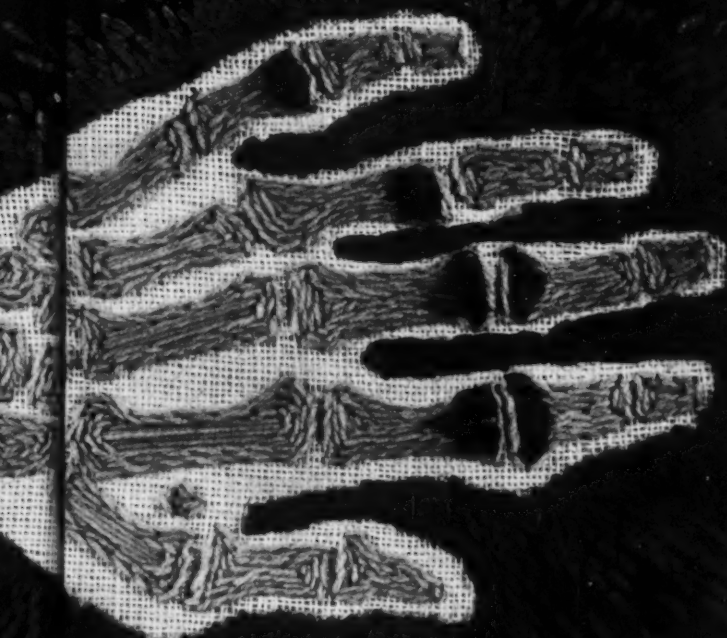
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- minimal disturbance
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chemical and psychic
balance²⁻¹⁷



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At anti-inflammatory and antiallergic dosage levels,

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- negligible calcium depletion
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with compression fracture

Precautions: All traditional precautions to corticosteroid therapy apply. Dosage should be adjusted to the smallest amount needed to suppress symptoms.

Supplied: Scored tablets of 1 mg. (yellow); 2 mg. (pink); 4 mg. (white); and 16 mg. (white).

Diacetate Parenteral (for intrasynovial and intra-articular injection). Vials of 5 cc. (25 mg./cc.); Diacetate Syrup, bottles of 4 fl. oz. (2 mg. per 5 cc.).

List of References 1-17 supplied on request.



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

News

also be hit by a shrinking of profits and dividends. And Government will be levying an even higher income tax than it does now.

So said Sumner Slichter, Harvard economist, writing in *Printers' Ink* magazine shortly before he died recently.

Despite technological advances in some fields, according to Slichter, people generally will produce less in four days than they now do in five. So, by necessity, they'll be paid less. And, with less money to spend, they'll cut down sharply on buying costly items.

For what sort of items will there be fewer dollars? Slichter mentions medical and hospital service, college and professional education, life insurance, houses, and cars.

Moreover, he says, there'll be fewer dollars spent on such good things of life as travel, boats, swimming pools, expensive TV sets, high-priced sports equipment—even refrigerators, bicycles, and cameras.

This cutback will deal industry a body blow, predicts Slichter. Markets will evaporate. But overhead and depreciation will continue eating into profits.

During this downward spiral, who's going to pay for our nation-

al defense? Slichter foresees a higher percentage of income going for taxes.

Is this gloomy picture inevitable? No, says Slichter. His suggestions: (1) Keep the five-day week. (2) As technology cuts production costs, pass the savings on to the consumer. (3) Raise wages to increase the volume of spending. Thus, says he, employment will be maintained and the economy will continue to grow.

Cradle Cross Is Born

Now there's an insurance policy to pay the medical expenses of premature babies. It is called Cradle Cross. An expectant mother who wants to subscribe sends \$35 to the Old Rockland Life Insurance Co. of Texarkana, Tex. If her baby is born prematurely, or with congenital malformations, the plan pays up to \$5,000 for medical, surgical, and hospital expenses. The mother gets the same coverage whether she has one child or quintuplets.

Doctor Outlines Limits on Hospital Trustees' Power

When does a hospital trustee overstep his proper bounds? A doctor who's also an expert on hospitals has drawn the line. Says Dr. Charles U. Letourneau, director of Northwestern University's hospital administration program, in

*broad-spectrum antibiotic therapy
with minimum risk of moniliasis*



*particularly valuable antibiotic therapy for those patients
susceptible to secondary fungal infections*

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Gearren, J.B.: Trifluoperazine in Emotionally Disturbed Office Patients, *Dis. Nerv. System* 20:66 (Feb.) 1959.

AVAILABLE: For use in everyday practice—1 mg. tablets, in bottles of 50 and 500.

USUAL DOSAGE: One 1 mg. tablet, b.i.d. (morning and night).
Additional information available on request from Smith Kline & French Laboratories, Philadelphia 1.

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leaders in psychopharmaceutical research

News

his new book, "Hospital Trusteeship":

1. A trustee should keep quiet about any hospital secrets he happens to hear. "In fact, he should not speak at all about anything . . . which might be to the discredit of some other citizen of the community. He should emulate the clam."

2. A trustee shouldn't go digging into hospital secrets for his own profit. One trustee who did, relates Dr. Letourneau, was a lawyer who planned to use a patient's record—containing his confidential statement about his "social irregularities"—in a divorce suit against him. When the patient threatened to sue the hospital, this trustee resigned.

3. A trustee shouldn't "protect the practice or the income of the physicians in his community" by freezing newcomers out of the hospital staff. He should remember that "quality improves with competition."

4. A trustee shouldn't ask admission preference for friends or even for contributors to the hospital. "Whenever priorities must be broken, it should be on medical grounds only."

5. A trustee shouldn't interfere in a doctor's private practice. Warns Dr. Letourneau: Even where

the trustee thinks a doctor is mistreating a patient, if he invites another doctor into the case "it is a breach of ethics . . . The proper course of action is to report the matter to the administrator and through him to the chief of staff or the medical director."

Are Compact Cars Easy to Repair? Detroit Hopes So

Doctor-owners of some European small-car models have occasionally had a tough time getting them repaired.

Will owners of the new American compact cars have the same problem? According to The Wall Street Journal, Detroit is trying to make sure that they won't. The "big three" car manufacturers have been rushing to train repairmen and to equip dealers with the hundreds of new spare parts that an average American small car may require.

If that model is the Ford Falcon, for example, none of these parts will be interchangeable with those of the regular new models. Thus handling compact-car and regular auto parts at the same time will present dealers with still another problem: They'll have to learn to use as many as two dozen new repair tools instead of the usual eight or ten new ones required by an ordinary year's change of models. END

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healing at
any location*

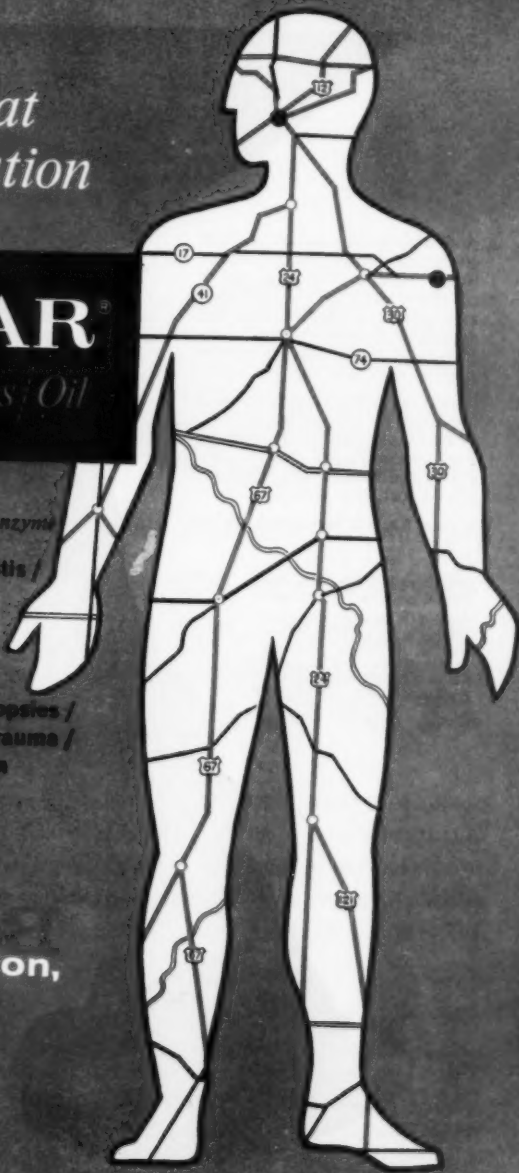
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A double-blind range-of-motion study¹ has reaffirmed the exceptional analgesic action and safety of BEN-GAY® in rheumatoid arthritis, osteoarthritis, bursitis, and allied disorders—and its usefulness in muscle and joint pain due to exertion and exposure.

Warm, gratifying pain relief is achieved by topical application of BEN-GAY. Rapid penetration by high-concentration methyl salicylate and menthol quickly eases discomfort, and aids function.

1. Brusch, C.A., et al.: Maryland M. J. 5:36, 1956.

Long-acting BEN-GAY (with lanolin base) is available in two strengths—Regular: 1¼-oz. and new 3-oz. tubes. Children's: 1¼-oz. tubes.

Quick-acting, water-washable GREASELESS-STAINLESS BEN-GAY is available in 1¼-oz. & new 3-oz. tubes.

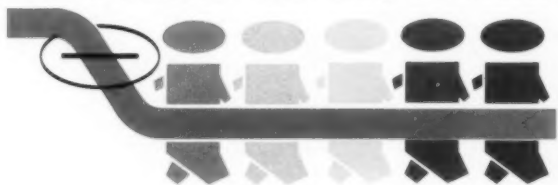


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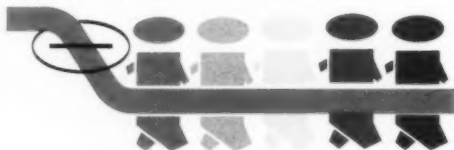
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"It can be seen that in all cases satisfactory postprandial control of the patient was obtained with chlorpropamide in varying doses."

Radding, R. S.: Texas J. Med. 55:110, 1959.

*also successful when replacement
or reduction of insulin is desirable
...and when other oral therapy has failed*

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economical once-a-day dosage

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JAN. 4, 1960

How to Get More Out of Your Bank



Are you taking full advantage of the many unusual services it offers its customers? Some of them could be of real value to you

By Hugh C. Sherwood

No doubt you have both savings and checking accounts in a local bank. You may even have used that institution's loan facilities.

But are you taking full advantage of the *specialized* services your bank offers?

If you're thinking of setting up a trust, planning an investment program, or writing a will,

for example, your banker may be able to save you time, money, or both.

True, not *all* banks offer such services—and many other individuals and organizations do. But, as I'll explain later, there are reasons why you may prefer to deal with a bank in certain situations.

Let's take a closer look at

YOUR BANK

some of the special services many banks offer:

Individual trusts: These can save taxes, provide for your family's future, and control the disposition of your estate. Most large banks and some medium-size ones have a special department to act as trustee. The types of trust they usually handle are:

¶ *The testamentary trust*, which, as the name suggests, is established in your will and goes into effect upon your death. Such a trust may serve to reduce the taxes on your estate when it's transferred from beneficiary to beneficiary.

With a bank as trustee your family can have an income from the trust without the burden of administering it.

¶ *The life insurance trust*, which probably (though not necessarily) also goes into effect when you die. Such a trust enables your trustee to preserve insurance proceeds for future use by your survivors. It also provides quick cash to meet pressing claims against your estate.

¶ *The living trust*, which becomes effective as soon as you

set it up and may continue after your death. This form of trust lets you see for yourself how well the trustee is doing his job. Another advantage: You can alter the terms of the trust as your personal situation changes.

Why do so many physicians choose banks as trustees of their estates? The reason becomes clear when you consider the duties of a trustee in a typical case:

The manager of a testamentary trust, for example, analyzes, reviews, and handles your investments. He manages any property you bequeath under the trust. He studies the needs of your dependent beneficiaries, then makes payments to meet those needs. And he makes all necessary reports to court and tax authorities.

You'll agree this is probably no job for your wife to handle alone, although you might want to name her co-executor. A friend, relative, or lawyer might be up to handling the assignment single-handed. And he might be more understanding of your family's personal problems than a bank

would. But an individual trustee can die, or move away, or become too busy to tend to your affairs. That's why many physicians choose banks, instead, as trustees.

Trustees' fees vary sharply across the nation. But within a given state, banks and individuals are likely to get the same amount. Often this is established by law.

In New York State, for instance, the trustee for a \$200,-

000 trust gets \$625 annually, plus another \$2,000 when the trust is terminated. (The annual fee is computed thus: \$5 per \$1,000 on the first \$50,000 in the trust; \$2.50 per \$1,000 on the next \$150,000. The termination fee represents 1 per cent of the trust's original value.)

Common trusts: When you put money into a common trust, it's pooled with other individuals' funds. The total is then invested in bonds, common stocks,



© MEDICAL ECONOMICS

"Now just a minute! ... A 2" x 4" maybe ... But a 4" x 4" ...!!"

YOUR BANK

or both, depending on how the trust is set up. And each investor profits in proportion to the amount he has contributed.

Such a trust enables you to invest a relatively small amount—say \$10,000—at a cost which makes it worth your while. (Banks' fees on other kinds of small trust may be prohibitively high unless your investment is much larger.) Another advantage of the common trust is that,

due to pooling, your investments can be widely diversified.

On the other hand, you can't control what happens to your money in a common trust. The bank invests the trust's pooled resources with an eye to the common good—which may or may not coincide with *your* good.

What you pay for this service depends pretty much on the kind of common trust you choose. To



"Our feet aren't *that* wet."

give you a rough idea: The charges on a \$20,000 investment in a combination stocks-and-bonds fund are apt to be about \$100 annually.

Estate planning: When it comes to writing your will, you'll naturally rely on your lawyer for help with its legal aspects, on your lawyer or your accountant for help with its tax aspects, and on your insurance adviser for help with its insurance aspects. But if it poses any purely *business* problems, you may do well to consult your bank.

The bank can be of even greater service if you also appoint it executor or co-executor of the will. The advantages of doing so are somewhat similar to those of naming a bank to manage a trust:

Among other things, the executor prepares and files an inventory of all your property, listing its appraised value. He may have to advertise for claims against the estate and pay them in the order stipulated by law. He collects any money due the estate. He pays the taxes it owes. He pays legacies. He makes a

final accounting to the court in which the will was probated.

Executors' fees, like those of trustees, vary according to the state you live in. But within a state, charges are apt to be the same whether the executor is a bank or an individual.

In New York, where such fees are set by law, a \$200,000 estate would pay each executor \$5,150 for his services (4 per cent of the first \$10,000 and 2½ per cent of the next \$190,000).

Investment services: If your bank has a trust department, it can save you time by supervising your investments for you. In other words, the bank will function as an investment counselor: It will review your portfolio continuously, recommend sales and purchases; handle all details attendant on such an account. To do this, large trust departments have research staffs that keep a close eye on the stock market and the general economy.

Like any independent investment counselor, your bank will make no charge when you buy or sell a stock. It's selling advice,

YOUR BANK

which you can accept or reject as you wish. Its fee is comparable to any good independent counselor's. Fairly typical are those of the United States Trust Company of New York and Chase Manhattan. Both ask one-half of 1 per cent of the size of an account on accounts up to \$500,000, with a minimum annual fee of \$500.

Will your bank do a better

job for you than an independent adviser might? You'll have to decide for yourself. On the one hand, the very big banks sometimes have larger research staffs than do most investment counselors. On the other hand, banks are often considered too conservative in their choice of investments.

Many big banks also offer a more limited service in the in-



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CARTOON: JOHN GALLAGHER
CAPTION: R. M. BERR, M.D.

"Crack my knee with that hammer once more, Buster, and you'll be a dead pigeon!"

vestment field: custodial safekeeping accounts. When you open such an account, you get no advice on buying and selling. But the bank places your orders, safeguards your securities, collects and disburses the income they produce according to your wishes, and notifies you of conversion privileges, stock options, etc.

A custodial safekeeping account can thus save you a lot of time. For its services, the First National Bank of Nevada charges one-tenth of 1 per cent of the market value of an account and a minimum of \$50 annually. That's a fairly typical charge.

Still, your broker will probably do the same job for you free. The chief reason why you might prefer to use a bank is that the bank has no stake in seeing its customers buy and sell securities. So it isn't likely to pepper you with hot tips.

Savings accounts with extra features: You know about special-purpose savings accounts for Christmas gift-buying, vacations, and the like. But many banks are also promoting some

relatively new ways to save. Here are two:

1. A savings plan known variously as "Double Dollar," "Twin Dollar," or "Double Your Money" offers the young or middle-aged depositor additional life insurance at slightly less than the usual cost—and without a physical examination.

Some banks start the plan automatically whenever a customer opens a savings account; others require him to apply for it. Either way, you get about the same deal:

The bank buys insurance on your life equal to the amount of your savings. Whenever you make a deposit or a withdrawal, the coverage is raised or lowered by a like amount. So if you die while the plan is in force, your survivors get your savings *plus* an equal amount of insurance.

Who pays the premiums? You do, naturally. But it's painless: The bank simply withholds part of the interest it would otherwise pay on your savings. Thus, if the normal rate is, say, 3 per cent, you'll receive only 2 or 2½ per cent. *More►*

YOUR BANK

Such accounts have certain restrictions, of course. For one thing, you can't participate if you're over 60 (in some cases, 55). For another, coverage on an individual account is limited to \$2,500 for the "Double Your Money" plan and \$1,000 for the others.

If you're in your thirties or early forties, such plans will save you only a few dollars a year over what you'd pay for conventional term insurance—which is comparable to the bank coverage.

Here's something to keep in mind: No health examination is required for any of the three plans. The only requirement: your signature on a statement that you're in good health at the moment (and, in the case of the "Twin Dollar" plan, that you have no other "Twin Dollar" account).

Thus, the doctor who's apprehensive about taking an insurance examination might get at least *some* extra coverage without it. If he opens accounts in four banks with "Double Your Money" plans, he can add \$10,-

000 worth of life insurance to his estate.

2. A so-called "Packaged Savings Plan" lets your bank handle the time-consuming details of diversifying your savings. You agree to make weekly or monthly deposits over any period of time you select. The bank puts part of your money in your savings account, part in U.S. Savings Bonds, and part in ordinary life insurance or any other kind of insurance you wish. (Incidentally, you'll probably have to take a health examination to qualify for the insurance.)

Suppose, for example, you agreed to deposit \$5 a week for ten years. Under one typical plan, you'd then accumulate \$1,-490 in savings, \$500 in savings bonds, and \$5,000 in life insurance coverage, plus interest and dividends. At the end of the ten-year period, you could keep the insurance in force by paying the premiums yourself.

Credit cards: More than sixty U.S. banks are among the firms now offering this convenience. Here's how the bank cards work:

More on 288

Start 1960 Right!

BY HORACE COTTON



This is the season of New Year's resolutions. They're stuffy things, and most people who bother to make them don't keep them.

Trouble is, most New Year's resolutions have a disciplinary ring about them. They force you to do something you dislike or to quit doing something you like. But I'd like to propose a different kind of resolution for you, Doctor. It's a resolution to do your-

self, your family, and your great profession a good turn. Maybe six good turns.

Here's the New Year's resolution I suggest you make NOW: *"I resolve to pick up the telephone today and to call the person whose name appears opposite every one of the following questions that has to be answered 'No.'"*

Did you, in 1959 . . .		Check Yes No		If you checked "No," call:
1.	Update your life insurance program?			Your insurance man
2.	Make or review your will?			Your attorney
3.	Initiate or revise your estate plan?			Your tax adviser
4.	Undergo a complete physical examination?			Your doctor
5.	Serve on a committee of your medical society?			The secretary
6.	Take a vacation with no other M.D. along?			Your wife

THE AUTHOR is development counsel to Black & Skaggs Associates, Battle Creek, Mich., parent organization of the PM group of professional management firms.

HOW TO KEEP YOUR MALPRACTICE

There's no easy way. But this analysis of the malpractice experience of doctors in two major states—one with the highest rates in the country, the other with the lowest—suggests some specific steps that doctors everywhere can take

By John R. Lindsey

Most surgeons in California have to pay \$540 for malpractice insurance coverage that any surgeon in Pennsylvania can buy for \$90. Most G.P.s and internists in California have to pay \$268 for the very same coverage—\$100,000 per claim, \$300,000 per year. In Pennsylvania they pay only \$51.

How come? The answers suggest a course of action that's worth study by every U.S. doctor. That's the whole point of this article.

To get at the heart of the malpractice problem from a new angle, I've singled out California and Pennsylvania—two of our biggest and richest states—for special study. I've asked dozens of doctors, lawyers, judges, and insurance men for their opinions on why California has just about the worst malpractice experience in the U.S. and Pennsylvania the best. And what they've told me may well give you some ideas about how to cope with your local situation.

CE

RATES DOWN



On the surface, it's easy to explain California's high rates: "Big population. Big cities. Big industrial areas. Smart lawyers. A suit-conscious population."

But Pennsylvania is big, too. It's more thickly populated and more heavily industrialized than California. And, as everyone knows, the shrewdest lawyer in the world is the "Philadelphia lawyer."

I suspect that's why a number of the doctors and lawyers I talked with were surprised to learn that Pennsylvania has the lowest rates under the schedule set for each state by the National Bureau of Casualty Underwriters. "I'd have thought it was some state like Arkansas that didn't have so many doctors and

so many big-city lawyers," said one doctor who's otherwise well informed on malpractice questions.

Yet the facts are plain. According to A.M.A. figures, one out of every seven physicians in the country has been sued for malpractice. The ratio in California is the highest of all the states: one doctor in four. In Pennsylvania it's one in twenty. And because California has so many more suits, its malpractice rates are five to six times higher than Pennsylvania's.

The highest out-of-court settlement ever made in a malpractice case is \$290,000. It was made in California. Pennsylvania's record out-of-court settlement: less than \$20,000. (A

MALPRACTICE RATES

\$1,000,000 malpractice claim in Philadelphia was recently settled out of court for \$250!) The highest jury verdict in a malpractice case is \$250,000—by a California jury. Pennsylvania's record jury award: \$75,000. The lowest jury verdict on record—

brought in against a doctor charged with negligence in the death of a patient—is 6 cents. It happened in Pennsylvania.

Why these startling differences in two states of comparable population and wealth? The men I queried gave me a wide variety

WHY PENNSYLVANIA'S RATES ARE THE LOWEST

Doctors there enjoy lower malpractice rates than their colleagues elsewhere for two reasons, say these experts: (1) the state's laws are ultraconservative; (2) so are the courts.



E. S. Levy, LL.B.



W. B. Harer, M.D.



H. B. Gardner, M.D.



A. R. Crane, M.D.

of answers. "Obviously we have the smarter defense attorneys," quipped a leading Philadelphia defense attorney. "Both medical practice and the courts are more conservative back East," said a Californian. "Lower doctors' fees in Pennsylvania mean fewer

disgruntled patients," another man suggested. And so on.

There's merit, I think in all such comments. They *help* explain the difference. But it seems to me that you can really approach the matter best by examining some of the tangible

WHY CALIFORNIA'S RATES ARE THE HIGHEST

Major factors that have caused California's malpractice premiums to skyrocket, say these experts, are (1) courts' sympathy with suing patients, and (2) encouragement of huge claims.



Melvin Belli, LL.B.



F. O. Field, LL.B.



H. Hassard, LL.B.

MALPRACTICE RATES

differences in the *laws* of the two states. In my considered judgment, California's malpractice insurance rates are five to six times higher than Pennsylvania's for the following reason:

Pennsylvania's laws are much more favorable to the physician than California's.

Let's take up the important differences in the law, one by one. Here goes:

1. The 'Res Ipsa Loquitur' Doctrine

The doctrine of "res ipsa loquitur"—"the thing speaks for itself"—is applied to an extreme degree by California courts. It has never been applied to a mal-

practice case in Pennsylvania. Here's a general example of how the doctrine is used to the doctor's disadvantage in California:

Spinal anesthesia is a safe pro-

THE HIGHEST AND THE LOWEST IN MALPRACTICE RATES

Limits of Coverage	California		Pennsylvania
	City Areas*	Other Areas	
\$5,000/\$15,000			
Physicians	\$130.00	\$111.00	\$25.00
Surgeons	228.00	193.00	44.00
\$50,000/\$150,000			
Physicians	245.70	209.79	47.25
Surgeons	430.92	364.77	83.16
\$100,000/\$300,000			
Physicians	267.80	228.66	51.50
Surgeons	540.00	397.58	90.64

*"City Areas" refers specifically to San Francisco, Oakland, and Los Angeles. Actually, the National Bureau of Casualty Underwriters companies and other carriers writing malpractice insurance have three sets of rates: one for the San Francisco and Oakland areas, one for Los Angeles County, a third for the rest of the state. Because the big-city rates are identical in almost all cases, San Francisco rates are given throughout above. Rates are uniform throughout Pennsylvania.

cedure, say the courts, medical opinion to the contrary. So if paralysis follows a spinal tap, it's obvious that the doctor made a mistake. That's what the California courts say. They require no medical testimony, because "the thing speaks for itself."

Recently, a California woman sued her physician when phlebitis developed following an injection in a varicose vein in the leg. In upholding the application of *res ipsa loquitur*, the Supreme Court of California ruled that the injury was clearly the result of the doctor's negligence and that no medical witnesses were required to prove it. Said the ruling: "It's a matter of common knowledge among laymen that injections do not cause trouble unless unskillfully done or there is something wrong with the serum."

"No Pennsylvania jurist would make such a ruling," a Philadelphia attorney told me, after I'd quoted it to him. "It ignores all that's known about allergies, the individual reactions of patients, and the potential dynamite in many drugs and serums. How can a *layman* decide that an injection is a safe procedure unless the doctor goofs? No doctor could make that statement."

R. Crawford Morris, a Cleveland authority on *res ipsa loquitur*, says the California courts have actually perverted the law requiring the accuser to prove his case into "a rule of sympathy" for the accuser. He observes: "The court sympathizes with the unconscious patient in the operating room. So it throws the defendant-surgeon into the lion's den of lay jury speculation."

2. Exceptions to the Statute of Limitations

Until recently, the Pennsylvania courts recognized no exceptions to the two-year statutory time limit set for filing claims following an alleged act of malpractice.

In California, the exceptions to a modest one-year limit can spell big trouble. Says Howard Hassard, legal counsel for the California Medical Association:

MALPRACTICE RATES

"While *res ipsa loquitur* may be a headache, the exceptions to the statute of limitations are much more damaging. Just compare the situations in our two states. The Pennsylvania statute starts to run at the time of the alleged malpractice—say, the exact date of the operation. If the patient hasn't brought suit within two years, any later action is barred.

"But while California has a nice-sounding one-year statute,

the courts have drilled so many holes in it that it's indistinguishable from Swiss cheese. All the patient has to say is: 'I didn't know until now I'd been injured. I was under anesthesia at the time.' The statute doesn't start to run until the patient 'knows.' What makes this doubly hard on the doctor-defendant is that the courts have also ruled that the matter of the patient's knowledge is a question for the jury to decide, not the judge.



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"Relax, dear, it's for me!"

"What's more," added Hassard, "there's strong indication in some of our judicial opinions that a patient who *could* have found out by reasonable inquiry is still not bound by the statute. In other words, the patient can decide when the statute starts to run—and the jury can take his word for it. We've had suits filed twenty and twenty-five years after the alleged negligence. In one such case, it was impossible to offer any kind of defense. All the records had been destroyed."

Up to a few months ago, the situation was far different in Pennsylvania. If the time limit was up before the patient discovered he'd been injured, he couldn't legally sue. In 1957, in Wilkes-Barre, a patient complained of pains in the abdomen. Examination showed that a sponge had apparently been sewn up in the patient following sur-

gery in 1948. The resultant suit was thrown out of court because nine years had passed since the operation in question.

Last October, however, the Supreme Court of Pennsylvania upset the trial court's decision. It ruled that a patient has a right to sue in any so-called "foreign-body" case in which, said the court, "nails, screws, sponges, etc., have been left in the patient's body following surgery." As to the sponge in the Wilkes-Barre case, it said the "act of negligence is a continuing act until the date of...removal of the object."

So Pennsylvania doctors have recently lost one clear-cut advantage over many of their colleagues elsewhere. But they still enjoy an edge on the Californians. The California exceptions cover the full range of possible acts of malpractice, not just "foreign-body" cases alone.

3. Legal Attitudes Toward Six-Figure Claims

In California, the sky is the limit. A plaintiff may sue his doctor for as much as he chooses. And some of the malpractice

verdicts in recent years reflect this spirit. Four recent awards have ranged from \$115,000 to \$250,000. *More▶*

MALPRACTICE RATES

In Pennsylvania, a patient may bring suit only for a sum "in excess of \$2,500." Says Attorney A. Lee Bradford of Miami, Fla., who has made a study of the courts' reactions to dollars-and-cents claims in all states: "In Pennsylvania, neither the court nor plaintiff's attorney is per-

mitted to disclose to the jury the amount sued for. Nor can plaintiff's attorney place a specific value upon pain and suffering or the like."

In contrast to California's six-figure verdicts, the biggest malpractice award in Pennsylvania in recent years totaled \$75,000.

4. Legal Attitudes Toward 'Demonstrative Evidence'

Melvin Belli, the well-known San Francisco plaintiff's attorney, didn't invent the technique of what he calls "demonstrative evidence"—the dramatic use of visual aids in the courtroom. He modestly names another wise man, Solomon, as the first person to use "demonstrative evidence" (when he introduced a sword in the famous maternity case of thirty centuries ago). But Belli is probably the leading exponent of the technique today.

Certainly he's its leading advocate. He makes a point of explaining to other lawyers how they can make better use of skeletons, enlarged X-rays, blown-up photographs of mangled accident victims, etc.

Once, in a damage suit in behalf of a client who'd lost a leg in a streetcar accident, Belli brought into court a large L-shaped object wrapped in yellow butcher paper. Slowly, in front of the jury box, he unwrapped it. Then he said: "This is what this young girl is going to have to wear for the rest of her life: this artificial limb." He literally shoved it at the jurors. The verdict for his client was \$100,000.

That's how one kind of "demonstrative evidence" is used in the California trial courts. Another favorite device is the "blackboard tactic." Attorneys employ this as a means of helping juries to arrive at a figure for

More on 273

'I was clipped by a con man'

The title of this article might well be the title of each of the following true stories of how M.D.s continue to be taken in by fast-talking petty racketeers

BY HUGH C. SHERWOOD

Last summer, a truck stopped in front of a doctor's suburban office. A sign on the truck indicated that its owners were in the business of lawn maintenance and spraying.

Soon afterward, the doctor was confronted by two intelligent-looking workmen. "Your lawn is sick, sir," said one of them. "We have what it needs: Michigan peat. It's wonderful stuff."

The men then steered the doctor outside, and one of them sprinkled a dark substance on a corner of the yard. Before the M.D. could pose any questions,

the other man asked if he might have a drink of water.

Not wishing to seem unfriendly, the doctor went back into the office and asked his aide to fetch a pitcher of water and glasses. This she did. But by the time the doctor stepped out onto his lawn again, it looked entirely different. His guests informed him that they'd sprinkled fifty baskets of peat over it. "It's \$2 a basket," the first man said. "So it comes to an even \$100."

The stunned physician replied that *he* hadn't authorized them to sprinkle the lawn; he'd just been thinking it over. "That's not

CON MAN

the impression we got, Doc," said the fellow who'd been conveniently thirsty. "In any case, the job is done. You won't regret it."

Finally the pair reduced their charge to \$75. They also agreed to return another day and seed the lawn, free of charge. So the physician—too busy to argue further—wrote out a check and got back to work.

Later in the day, he began to

wonder: "How do I know that stuff is peat? How do I know the men really will come back?"

He called his bank to enter a stop-payment order. But too late. The strangers had already cashed the check. The local police are still looking for them.

New deceptions come to light every month. Witness, for example, this variation on the old game of peddling stocks by phone:

Some Typical Practitioners of the



THE TELEPHONE TIPSTER



THE ENGAGING IMMIGRANT

A Texas pediatrician reports that a salesman phoned him recently and urged him to invest in oil. The doctor had never heard of the company named, so he asked for time to check. He found that the firm actually existed. And, figuring he had little to lose and much to gain, he invested \$500.

Soon he began to get calls from friends, patients, and even strangers. They all knew he had

invested in the stock. They wanted to know why. Was it really a comer?

They Followed His Order

Clearly, the stock salesman had capitalized on the pediatrician's being well known and respected. The doctor was being used as a reference—or, more accurately, as a come-on.

He told each caller that he knew nothing about the oil company. But he had to admit he'd invested in it. And he suspects that some of his inquirers followed suit. If so, they've lost money. Most of his own \$500 investment has already gone down the drain.

Even reputable-seeming letterheads aren't always to be trusted. Not long ago, for example, a Georgia urologist got a letter from an insurance company with headquarters in his state inviting him to buy ten shares of the company's stock at only \$6 a share. It sounded like a bargain, so he was tempted to mail a \$60 check by return mail.

Instead, he did something much more sensible: He phoned

Confidence Game



THE LARCENOUS LIBERAL

CON MAN

the local office of a brokerage house—and learned that the \$6 stock was available over the counter at \$2.

Phony Realtors

Another type of racket that has mushroomed in the last few years is the advance-fee game. Its operators prey chiefly on people interested in selling their businesses or other property.

These racketeers pose as real estate brokers who have clients eager to buy whatever the victim has to sell. Their trick is hidden in the written contract. The fine print offers only to *advertise* the property in booklets. For this service, the "brokers" demand an advance fee of, say, 3 per cent of the estimated sales price.

The situation is confused by the fact that some reputable real estate brokerage houses also charge advance fees. So the advance-fee racketeers are hard to spot. They've been so successful in evading legal action that in 1958 they grossed an estimated \$50,000,000 from U.S. property owners.

One doctor they tried to

mulct received a card announcing that a representative of the such-and-such firm would soon visit the area to talk with people who might want to sell their businesses. Since he'd been in ill health, the doctor began to wonder what he might get for his general practice. So he asked the representative to call on him.

A few days afterward, the man arrived. He went all over the doctor's office, making measurements and listing equipment. Then he named a price he said he thought the doctor could get.

The G.P. was interested—until the agent asked for \$200 in advance. Instead of paying, the doctor called his medical society. The executive secretary advised him that honest brokers don't charge advance fees for the sale of medical practices.

For Doctors Only

Some crooks gear their schemes exclusively to physicians. Three recent cases in point:

¶ An ophthalmologist in Washington State struck up an ac-
More on 266

Why Not 'Roll Your Own' Mutual Fund?

The great appeal of such funds is that they provide diversification—but at the cost of management fees. This writer suggests a way to do it cheaper: Buy stock in a company whose business activities are already widely diversified

By Sam Shulsky

The trouble with investing is that both scientific and unscientific methods sometimes seem to pay off.

One investor may get rich by buying and holding blue chips. Another may have been talked by a nagging neighbor into buying a few thousand shares of Polaroid when it was selling at 37½ cents (its recent price: \$150). And you've no doubt

heard about the man who built up a fortune by buying only stocks starting with the word "General" because he was too busy to look all the way through the daily stock market list.

Still, most financial advisers do agree on one safe course of action for the amateur investor: He's likely to do best if he builds a well-balanced portfolio—if, in other words, he *diversifies* his

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MUTUAL FUNDS?

holdings. The theory, of course, is that it's simply good sense to spread your risk over several areas of business, thus mini-

mizing the impact of a slump in any one of them.

Diversification is at the core of the great appeal of mutual

Looking for Some

Here's a selection of ten leading companies, each of which

	Dividends Yearly Since:	Aircraft Mfg. and Equipment	Atomic Energy	Automobiles, Auto Equipment	Building Materials	Chemicals	Coal, Carbon Products	Drugs	Electrical Equipment
Borg-Warner	1928	X		X	X	X			
Du Pont	1904	X	X	X	X	X		X	X
General Electric	1899	X	X		X	X			X
W. R. Grace	1934		X		X	X			X
M. A. Hanna (class B)	1934					X	X		
Olin Mathieson	1926					X		X	
Phillips Petroleum	1934		X			X	X		
Pittsburgh Plate Glass	1899			X		X			
Standard Oil N.J.	1899					X			
Union Carbide	1918	X	X	X		X	X		X

*Most of the above companies have additional interests in industries other than those listed. For example: air conditioning (Borg-Warner); rail equipment (du Pont, General Electric); foods, advertising, air transport, containers (W. R. Grace); explosives

funds. A share in a typical fund actually gives you an interest in a number of different industries. But you must pay for such safety.

Even after the high initial commission, management fees and expenses may total 1 per cent of total capital per year. *More▶*

One-Company 'Mutual Funds'?

*has interests in at least six different industries.**

	Electronics	Fertilizers	Finance, Banking, Insurance	Machinery	Metals, Metallurgy	Natural Gas	Petroleum and Equipment	Plastics or Glass	Rubber	Shipping	Steel, Steel Products	Textiles
	X			X			X				X	
X	X	X	X	X	X			X		X		X
X	X		X	X								
X		X	X				X		X	X		X
					X		X			X	X	X
		X			X			X				
						X	X	X	X			X
						X	X	X				
				X		X	X		X	X		
X	X				X			X			X	X

(Olin Mathieson); rocket fuels, uranium (Phillips Petroleum, Union Carbide); construction, paints (Pittsburgh Plate Glass).

MUTUAL FUNDS?

Actually, you can get considerable diversification all by yourself at a much lower cost. How? By buying stocks in companies that have widely diversified interests on their own. For such shares, your only expense is the broker's fee. Management services are thrown in with the purchase price.

Diversification in a corporation's activities may come about for various reasons. A South

American firm that raises fruit for sale in the Northern Hemisphere may take on shipping, too, even though farming and shipping have nothing basically in common. Or a company may spread out because it finds that a one-time by-product or a new invention commands a faster-growing market than its original item. Examples: the liquor and petroleum companies that have turned chemical producers, or



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"Somehow I feel I'm getting you on the rebound, Miss Talmadge."

the textile companies that have gone in for synthetics and plastics.

The table on pages 90-91 lists ten examples of these modern-day industrial complexes. A single share in each of these ten alone would give you representation in fifty-odd different major industries—a veritable cross-section of U.S. business. All are long-established companies. And it's a rare doctor who doesn't know at least something about the interests of nearly all of them.

They're by no means the only widely diversified corporations in the U.S. Literally thousands of concerns have interests in one, two, or half a dozen fields. But the ten names on the list seem to me to be outstanding for their long histories of good management, good products, good reputation, and good performance in depression periods as well as in times of prosperity. In sum, they're particularly favorable examples of widespread diversification.

What are they *not*?

They're not volatile "glam-

our" stocks that might make you rich—or broke—quick. Their earnings haven't zoomed from a few cents a share to \$5 in a few years, nor their price from \$1 to \$150. Generally speaking, you don't hear them boasted about in the average golf-club locker-room conversation.

They Pay Regularly

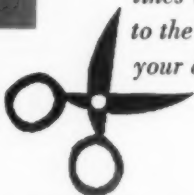
But they've proved their worth and are to be found in many a conservative institution's long-term investment portfolio. And though they're primarily growth rather than income-producing issues, all of them have paid dividends without interruption for at least a quarter of a century.

Their performances are just about what you'd expect from well-diversified businesses with a steady growth pattern:

They have all managed to maintain a satisfactory earnings and dividend trend by expanding in some lines even when they've suffered a temporary slump in others. That's the big value of a company that has *built-in* diversification. **END**

your
1960
tax
calendar

*Cut along dotted
lines and clip
to the pages of
your daily calendar*



JANUARY 15 PAY the balance of your estimated Federal income tax for 1959. **ATTENTION:** *Will this fourth installment bring the total estimated tax paid to within 70 per cent of the actual tax due? If not, you may have to file an amended estimate in order to avoid penalty. (NOTE: This Jan. 15 installment may be omitted if you plan to file your final 1959 Federal income tax return by Jan. 31.)**

.....
JANUARY 31* PAY the income taxes and Social Security taxes withheld from your employees' salaries during the last quarter of 1959, plus your own Social Security contributions as their employer. **FILE** (a) Form 941 listing the above amounts; (b) Forms W-2 (one for each employee); (c) Form W-3. (NOTE: If you had four or more employees during 1959, also pay the Federal unemployment tax and file Form 940.) **ATTENTION:** *Did you file your Jan. 15 installment of estimated Federal income tax? If not, you must file your final return for 1959 and pay the balance due.*

*When a due date falls on Saturday or Sunday, the required payment may be mailed the following Monday.

APRIL 15 PAY your final Federal income tax for 1959 if you haven't done so already. FILE Form 1040. PAY one-fourth of your estimated Federal income tax for 1960. FILE Form 1040-ES. FILE your 1959 partnership information return, Form 1065, if you practice in partnership.

.....

APRIL 30* PAY the income taxes and Social Security taxes withheld from your employees' salaries during the first quarter of 1960, plus your own Social Security contributions as their employer. FILE Form 941.

.....

JUNE 15 PAY the second quarterly installment of your estimated Federal income tax for 1960. ATTENTION: *Make sure that the sum of your first and second installments equals or exceeds 50 per cent of your total estimated tax for 1960.* If necessary, file an amended declaration.

.....

JUNE 30 FILE a renewal application for your Federal narcotics tax stamp. Include an inventory of the narcotics you presently have on hand.

.....

JULY 31* PAY the income taxes and Social Security taxes withheld from your employees' salaries during the second quarter of 1960, plus your own Social Security contributions as their employer. FILE Form 941.

.....

SEPTEMBER 15 PAY the third quarterly installment of your estimated Federal income tax for 1960. ATTENTION: *Make sure that the sum of your first, second, and third installments equals or exceeds 75 per cent of your total estimated tax for 1960.* If necessary, file an amended declaration.

.....

OCTOBER 31 PAY the income taxes and Social Security taxes withheld from your employees' salaries during the third quarter of 1960, plus your own Social Security contributions as their employer. FILE Form 941.

END



MY WORST BUSINESS MISTAKE:

Founding a Partnership With a Handshake

EDITOR'S NOTE: MEDICAL ECONOMICS recently asked some 200 doctors what each of them considered the worst business mistake he had ever made and what lesson, if any, he had learned from it. Here's another in a series of brief articles culled from the doctors' thought-provoking replies. Its author is an Idaho general practitioner.

When I was discharged from military service, I formed a partnership with a relative who was already well established. In doing so, I gave him a promissory note in which I agreed to pay him half the value of his office building and equipment.

We put nothing else in writing. I thought we should have a formal contract. But he believed partnership papers unnecessary

because we were relatives. "We can trust each other," he said.

During the next seven years, I paid my full debt. But we disagreed more and more about both medical and business matters. As I've said, we had no formal method for settling disputes. The resulting strain on both of us was especially intense because our families were related.

Finally, my partner gave me a

In the menopause...
transition without tears



Milprem promptly relieves emotional distress
with lasting control of physical symptoms

Milprem

Miltown®+ conjugated estrogens (equine)

Supplied in two potencies for dosage flexibility:

MILPREM-400, each coated pink tablet contains 400 mg. Miltown (meprobamate) and 0.4 mg. conjugated estrogens (equine).

MILPREM-200, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine).

Both potencies in bottles of 60.

Literature and samples on request.

In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headache. As the patient continues on Milprem, the replacement of estrogens checks hot flushes and other physical symptoms.

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.



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MEDICAL ECONOMICS • JANUARY 4, 1960 97

BUSINESS MISTAKE

typewritten ultimatum, demanding that I either sell him my share of the practice or buy his. He seemed sure I wouldn't be able to raise the money to buy him out.

But raise it I did—much to his dismay. In fact, he tried to back out by refusing my money. Since he had put his offer in writing, however, my lawyer was able to threaten him with a suit for breach of contract. That left him little choice; he capitulated.

He was now out a medical practice. I was out a considerable amount of money and into a financial crisis from which I haven't yet recovered. And though still relatives, we're no

longer friends—an unpleasant situation for our families.

My big mistake had been not to insist on drawing up partnership papers. Such papers can formulate rules for settling the business and medical problems of a partnership. More important, they can provide for the orderly dissolution of a partnership that doesn't work. A written understanding might have saved us seven years of friction within the office and many more years of hard feeling within the family.

My advice to other doctors: Never let either family ties or friendship deter you from proper business practice. END

Heavy load

The surgeon habitually criticized his assistants. This morning in the operating room he was especially biting. He ended his tirade with, "It's incredible that I must work here under such handicaps!"

Muttered the anesthetist: "Mostly congenital."

—HARLAN B. MOSS, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

more closely approaches the ideal diuretic



"When compared to other members of this heterocyclic group of compounds, this drug [NATURETIN] shows a significantly increased natriuresis and decreased loss of potassium and bicarbonate. In this respect it more closely approaches a natural or 'ideal diuretic.' It is effective upon continuous administration and causes no significant serum biochemical changes. It is effective in a wide variety of edematous and hypertensive states and represents a significant advance in diuretic therapy." *Ford, R.V.: Pharmacological observations on a more potent benzothiadiazine diuretic; accepted for publication by the American Heart Journal.*

Naturētin

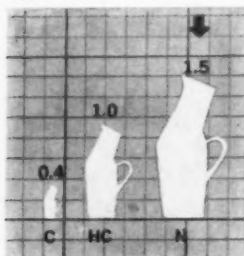
Squibb Benzhydroflumethiazide

Naturetin

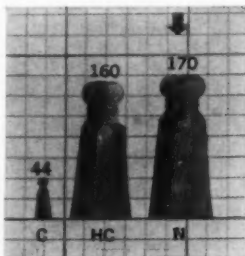
Squibb Benzhydroflumethiazide

more closely approaches the ideal diuretic

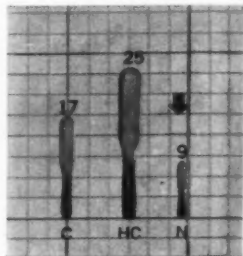
Comparison of electrolyte excretion pattern for the 24 hours following typical doses of chlorothiazide, hydrochlorothiazide, and Naturetin¹



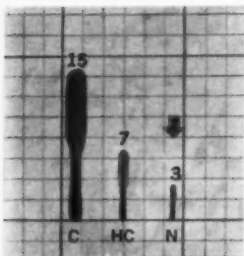
Urinary Volume (liters)
significantly increased
with Naturetin



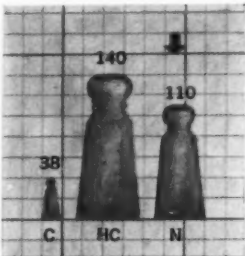
Natriuresis (mEq./24 hr.)
sodium excretion significantly
increased with Naturetin



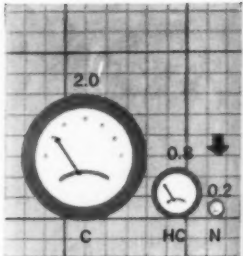
Potassium Excretion (mEq./24 hr.)
least with Naturetin



Bicarbonate Excretion (mEq./24 hr.)
least with Naturetin



Chloride Excretion (mEq./24 hr.)
marked increases



Urinary pH
least increase with Naturetin

Typical Doses: Chlorothiazide—1,000 mg.; Hydrochlorothiazide—50 mg.; Naturetin (Benzhydroflumethiazide)—5 mg.

1. Adapted from: Ford, R.V., Squibb Clin. Res. Notes 2:1 (Dec.) 1959.

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other
Natur



A single 5 mg. tablet once a day provides all these advantages²

- prolonged action — in excess of 18 hours
- convenient once-a-day dosage
- low daily dosage — more economical for the patient
- no significant alteration in normal electrolyte excretion pattern
- repetitively effective as a diuretic and antihypertensive
- greater potency mg. for mg.—more than 100 times as potent as chlorothiazide
- potency maintained with continued administration
- low toxicity — few side effects — low salt diets not necessary
- comparative studies with chlorothiazide, hydrochlorothiazide, and Naturetin disclose that smallest doses of Naturetin produce greater weight loss per day
- in hypertension, Naturetin, alone or in combination with other antihypertensives, produces significant decreases in mean blood pressure and other favorable clinical effects
- purpura and agranulocytosis not observed
- allergic reactions rarely observed

²Reports (1959) to the Squibb Institute for Medical Research

Naturetin—*Indications:* in control of edema when diuresis is required, in congestive heart failure, in the premenstrual syndrome, nephrosis and nephritis, cirrhosis with ascites, edema induced by drugs (certain steroids); in the management of hypertension, used alone, combined with Raudixin (Squibb Rauwolfia Serpentina Whole Root), or with other antihypertensive drugs, such as ganglionic blocking agents. *Contraindications:* none, except in complete renal shutdown.

Precautions: when Naturetin is added to an antihypertensive regimen including hydralazine, veratrum, and/or ganglionic blocking agents, immediate reduction must be made in the dosage for all preparations; the dosage for ganglionic blocking agents must be decreased by 50% to avoid a precipitous drop in blood pressure. This also applies if these hypotensive drugs are added to an established Naturetin regimen . . . in hypochloremic alkalosis with or without hypokalemia . . . in cirrhotic patients or those on digitalis therapy when reductions in serum potassium are noted . . . in diabetic patients or those predisposed to diabetes . . . when increased uric acid concentrations are noted . . . when signs—leg or abdominal cramps, pruritus, paresthesia, rash—suggestive of hypersensitivity, are noted.

Naturetin—*Dosage:* in edema, average dose, 5 mg., once daily, preferably in the morning; to initiate therapy, up to 20 mg., once daily in divided doses; for maintenance, 2.5 to 5.0 mg., daily in a single dose. *In hypertension:* suggested initial dose, 5 to 20 mg. daily; for maintenance, 2.5 to 15 mg. daily, depending on the individual response of the patient. When Naturetin is added to an antihypertensive regimen with other agents, lower maintenance doses of each drug should be used.

Naturetin—*Supplied:* tablets of 2.5 mg. and 5 mg. (scored).

Rx
Naturetin 5mg.
Disp. #30
Sig: 1 each
in morning



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Squibb Quality — the Priceless Ingredient

*RAUDIXIN® AND *NATURETIN® ARE SQUIBB TRADEMARKS.

THE LITTLE WOMAN: Professional Asset—or Millstone?

By William N. Jeffers

Is your wife wildly extravagant? Does she gossip about your patients? Does she tell off your colleagues at parties?

Or is she sweet, discreet, socially brilliant, and a top-notch homemaker?

If she's the first type, you may soon be forced to take to the jungle. If she's the second, your practice is sure to be booming.

At least, those conclusions can be drawn from the responses to a survey MEDICAL ECONOMICS has just completed. A national cross-section of physicians were asked: "From your own experiences and observations, how may a doctor's wife be helpful or

harmful to his practice?" The answers make it clear that her activities can have a tremendous effect on her husband's career.

The ways, it would seem, are varied and colorful. And the wives apparently range through a wide spectrum. Says one doctor: "My wife is my greatest asset." Reports another: "In fifteen years, my wife stole \$40,000 from me!"

In the following paragraphs, I'll review the principal ways in which the surveyed doctors have found that a woman can influence her husband's professional life. Let's look at the darker side of the situation first:

predictable weight loss.

FOR THE VICTIM OF
OVEREATING AND
"UNDERDOING"



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A 'STRASIONIC' RELEASE ANORETIC

RESIN

Employing 'Strasionic' release, Bipheta mine's appetite appeasing, mildly invigorating action is uniformly prolonged for 10 to 14 hours with a single capsule dose. Caloric intake is reduced, energy output is increased. Weight loss is predictable—a comfortable 1-3 lbs. a week in 9 out of 10 cases.

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RELEASE"
MAKES THE
BIG
DIFFERENCE

BIPHETAMINE® '20' Resin

Each black capsule contains:
d-amphetamine 10 mg.
di-amphetamine 10 mg.
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BIPHETAMINE® '12 1/2' Resin

Each black and white capsule contains:
d-amphetamine 6.25 mg.
di-amphetamine 6.25 mg.
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BIPHETAMINE® '7 1/2' Resin

Each white capsule contains:
d-amphetamine 3.75 mg.
di-amphetamine 3.75 mg.
as resin complexes



Single Capsule Daily Dose 10 to 14 hours before retiring

Rx Only. Caution: Federal law prohibits dispensing without prescription.

Bipheta mine—made and marketed ONLY by **STRASBURGH LABORATORIES**
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Originators of 'Strasionic' (sustained length) Release

MEDICAL ECONOMICS • JANUARY 4, 1960 103

THE LITTLE WOMAN

Some time ago, MEDICAL ECONOMICS asked doctors' wives themselves how a woman could help or harm her doctor-husband's practice. The worst possible error, according to the physicians' wives, was "talking too much."* Their husbands evidently agree. Most of the queried men put gossip about patients and colleagues at the top of the list of wifely offenses.

Some Know Too Much

Says one medical man: "I believe that a wife should almost never acknowledge that she knows her husband is seeing a particular patient. It's easy for her to let people suspect the doctor of carrying home the most intimate details about his patients."

Some women chatter not only about patients' illnesses, but also about their finances. "It's awfully hard for some wives to be philosophical about uncollected fees," observes one doctor. "It's not unknown for a doctor's wife to remark in a gathering that she

*For a full discussion of the survey of doctors' wives, see "The Doctor's Wife as a Practice Builder," Feb. 16, 1959, issue.

and her husband would take a trip to Florida if only old Mr. Moneybags would pay the \$500 fee he owes."

The Gossiper

"As for just plain gossip," says another man, "a gossipy wife can bring her husband's practice to the point of ruin, particularly if he's a referral specialist." A reported instance of how this can happen:

"Not long ago, at a medical fraternity meeting, a surgeon's wife told my wife that a certain couple there—friends of mine, whom I'll call Dr. and Mrs. Spenser—were about to separate. The surgeon's wife said Mrs. Spenser was moving to the West Coast and not coming back. When my wife told me what she'd just heard, I felt obliged to tell the Spensers what was being said about them. They called the woman a liar to her face, and she retracted the story. But the damage was done—to her husband. He's in general surgery, and you can bet he'll get no more referrals from Dr. Spenser."

More▶

predictable weight loss

FOR THE VICTIM OF
OVEREATING
ONLY...



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NEW

IONAMINTM

A 'STRASIONIC' ANORETIC

PHENYL-TERT.-BUTYLAMINE RESIN

Employing 'Strasionic' release, Ionamin's appetite
appeasing action is uniformly prolonged for 10
to 14 hours with a single capsule dose. Caloric
intake is reduced to a level consistent with the
energy output of an "active" overeater. Weight
loss is predictable—a comfortable .221 pounds per
day in average cases.

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RELEASE"
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DIFFERENCE.

Rx Only.

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dispensing without prescription.

IONAMINTM
'30'

Each yellow capsule contains:
phenyl-tert.-butylamine . . . 30 mg.
as a resin complex



IONAMINTM
'15'

Each gray and yellow capsule contains:
phenyl-tert.-butylamine . . . 15 mg.
as a resin complex



Single Capsule Daily Dose 10 to 14 hours before retiring

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MEDICAL ECONOMICS • JANUARY 4, 1960 105

THE LITTLE WOMAN

Another respondent recalls how a hospital chief of staff gently corrected a young and gossipy doctor's wife. "You're too pretty to be a doctor's wife," he told her.

She looked confused. He explained: "A good doctor's wife should have extra-large ears and an extra-small mouth."

Ranking next to gossip in the amount of harm it apparently can do is a wife's unfriendliness toward people in general. Remarks one practitioner: "A doctor takes the Hippocratic oath, but his wife doesn't. So when a patient calls her husband at 2 A.M. or on his day off and she answers the phone, she may feel free to be pretty rude."

The Jealous Wife

Her unfriendliness may have even worse repercussions if directed toward her husband's colleagues. "A good friend of mine is an excellent doctor," comments one physician. "But his wife is very jealous of my practice. Her public criticisms of me have driven away many of his patients—to me. They must as-

sume that such criticism masks fear of competition."

And unlucky is the doctor whose wife is inconsiderate of servants and baby sitters. Observes a respondent: "They'll gleefully spread the word that she's chronically broke, or temperamental, or unreliable, or just generally a lemon, thus casting doubt on her husband's good sense in marrying her."

Outdoing the Joneses

A good many respondents also place ostentatious display high on the list of major offenses. Says one man: "I know a young doctor who returned to his home town to start practice. He and his wife had been poor as church mice; but as soon as the money began rolling in, she pressured him into buying two huge Cadillacs—one for her, one for him. Most of the local doctors live modestly. But she's constantly overdressed and overjeweled at parties and professional gatherings. After a fine start, his practice has fallen off rapidly."

A related offense, the survey

More on 110



Check cough 8-12 hours



with a single dose

Rx TUSSIONEX®

A "Strasionic" Antitussive • Dihydrocodeinone Resin—Phenyltoloxamine Resin

"STRASIONIC
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MAKES THE
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- Permits Natural Discharge of Mucus
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TWO FORMS: Tussionex Thixaire™ Suspension • Tussionex Tablets

Each teaspoonful (5 cc.) or tablet provides 5 mg. dihydrocodeinone and 10 mg. phenyltoloxamine as resin complexes.

Dose: 1 teaspoonful or tablet q 12h. Children under 1 year, ¼ teaspoonful q 12h; 1-5 years, ½ teaspoonful q 12h.

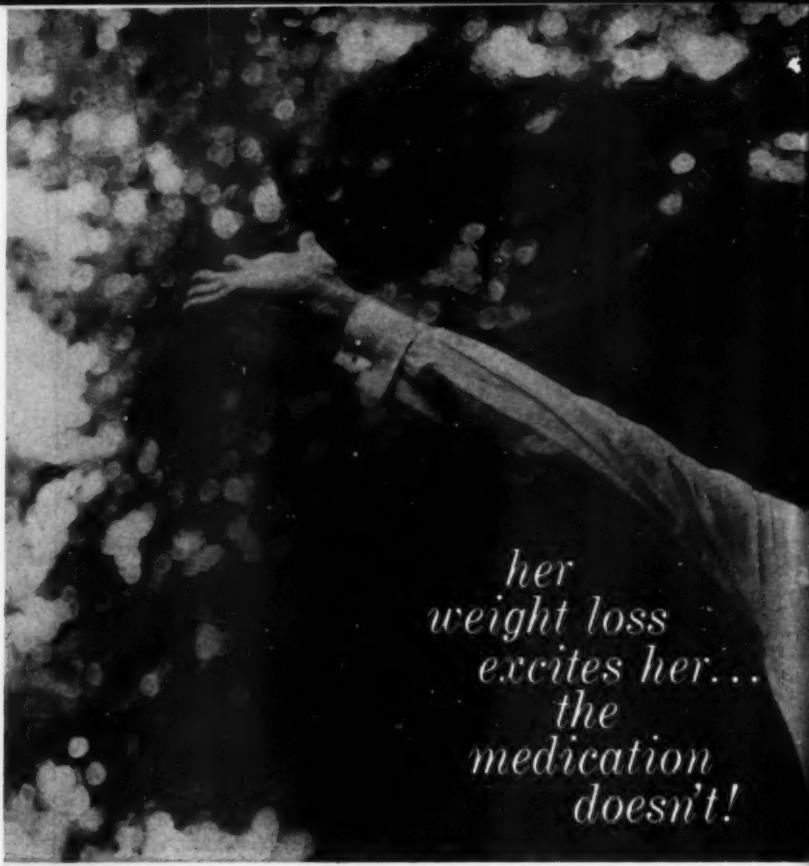
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MEDICAL ECONOMICS • JANUARY 4, 1960 107



*her
weight loss
excites her...
the
medication
doesn't!*

***Late evening dose doesn't
interfere with sleep.***

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Doses given to control late evening snacks will not interfere with sleep.³

Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs. a week (see chart)

***Safe—Tenuate can be used
even in overweight cardiacs
or hypertensives.***

EKG studies substantiate Tenuate's

lack of appreciable CNS stimulation. No effect on heart rate, blood pressure, pulse or respiration is demonstrable.* Thus Tenuate is particularly well suited for hypertensive and cardiac patients — those whose weight must come down.

PROOF OF WEIGHT LOSS³⁻⁴ In a series of 102 patients, the following weight losses were obtained:

Lbs./Week	Number of Patients		% Patients
0.1-0.9	23		22.54
1.0-1.9	51		50.00
2.0-2.9	25		24.52
3.0-4.0	3		2.94
	102 PATIENTS		100%



new
TENUATE
 (diethylpropion)

hunger control with
 no CNS stimulation

lation.
 l pres-
 demon-
 cularly
 nd car-
 weight

es of 102
 obtained:

Patients

22.54

50.00

24.52

2.94

100%

Indications: The overweight patient, including adolescent, geriatric and gravid, as well as special risk situations—cardiac, hypertensive, diabetic.

Dosage: One 25 mg. tablet one hour before meals. To control nighttime hunger, an additional tablet taken in mid-evening will not induce insomnia.

References: 1. Huels, G.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 2. Horwits, S.: personal communication. 3. Spielman, A. D.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 4. Ravitz, E.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 5. Declina, L. J.: Exper. Med. & Surg. in press. 6. Scanlan, J. S.: in press. 7. Kroetz and Storck: personal communication. 8. Alfaro, R. D.: Gracianin, V., and Schleuter, E.: to be published.

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THE WM. S. MERRELL COMPANY
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thwarts refrigerator raiders



TENUATE
 Especially
 for late
 evening
 snackers.
 Controls
 hunger
 without
 producing
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 ness.

THE LITTLE WOMAN

indicates, is that of the wife who tries too openly to push her husband's career. One respondent observes: "Overfriendliness in

an attempt to inveigle acquaintances into becoming patients, too much bragging to other doctors and their wives about how

SIX DOCTORS' WIVES

The accompanying article quotes a number of doctors on the subject of doctors' wives. It seems fair—in fact, it seems typical—for the little woman to have the last word. Here it is from the

SUCCESSFUL WIFE must cope with "a complex creature," says Mrs. Malcolm W. Miller of Philadelphia. He's "the autocrat of the office, the Aesculapian god of the Smith family, the grasping ogre of Mr. Green."



SECURITY is what a doctor's wife can provide the most of, says Mrs. Harlan English of Danville, Ill. Even on the phone, a wife can give callers "the security of knowing messages will be delivered and secrets kept."



BRIDGE-TABLE TALK is the severest test of a doctor's wife, says Mrs. Wendell C. Stover of Boonville, Ind. It shows up the wife as a source of reliable medical economic information—or of "thoughtless tidbits."



successful her husband is with certain illnesses—such maneuvers are much more of a hindrance than a help.”

Also highly damaging is the wife who meddles in office matters. “I saw a woman just about wreck her husband’s career by

HAVE THEIR SAY

wives of six practicing physicians. Many of these women have had a chance to see all types of doctors’ wives in action through their work with medical society auxiliaries.



BUSY, BUSY— that’s the gist of many stories told about doctors by their wives, says Mrs. Harrison E. Law of Virginia, Minn. “This can harm a practice,” she observes. “People are apt to take heed and call another M.D.”



SYMPATHETIC LISTENER is what the doctor’s wife must learn to be, says Mrs. Winton H. Johnson of Hackensack, N.J.: “She can’t say, ‘The doctor isn’t home.’ She must convey the feeling that help is forthcoming.”



SPOILED-CHILD SYNDROME affects some doctors’ wives, says Mrs. Julian P. Price of Florence, S.C.: “They get upset when social plans have to be changed. They must learn that medicine comes first, last, and always.”

THE LITTLE WOMAN

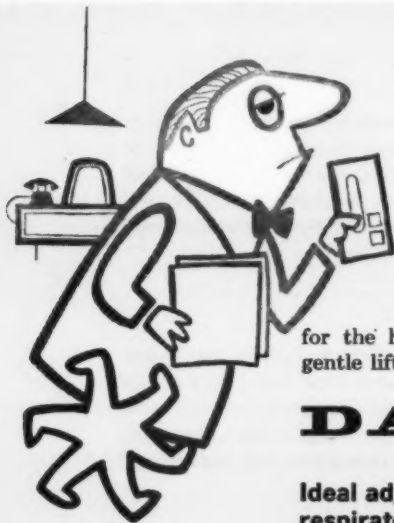
showing too much interest in his office affairs," one doctor recalls. "He and I shared a common waiting room. His wife made a habit of dropping in and asking the receptionist what patients were coming to see him and what for. Patients soon got wind of this and started going elsewhere. Within two years, the doctor had to leave private practice and take a city job."

Even an occasional wifely visit to the office may be quite harmful, adds another man. "This is especially true in the

OB/Gyn. field," he points out. "If a patient doesn't want her friends to know that she's pregnant, she won't like it if she happens to run into the doctor's wife at his office. Quite frankly, nobody trusts a doctor's wife to be discreet."

The above sins are the cardinal ones for a doctor's wife, judging by the MEDICAL ECONOMICS survey. But there are evidently minor sins that can do major harm. Among them:

Nagging ("I've seen a couple
More on 116



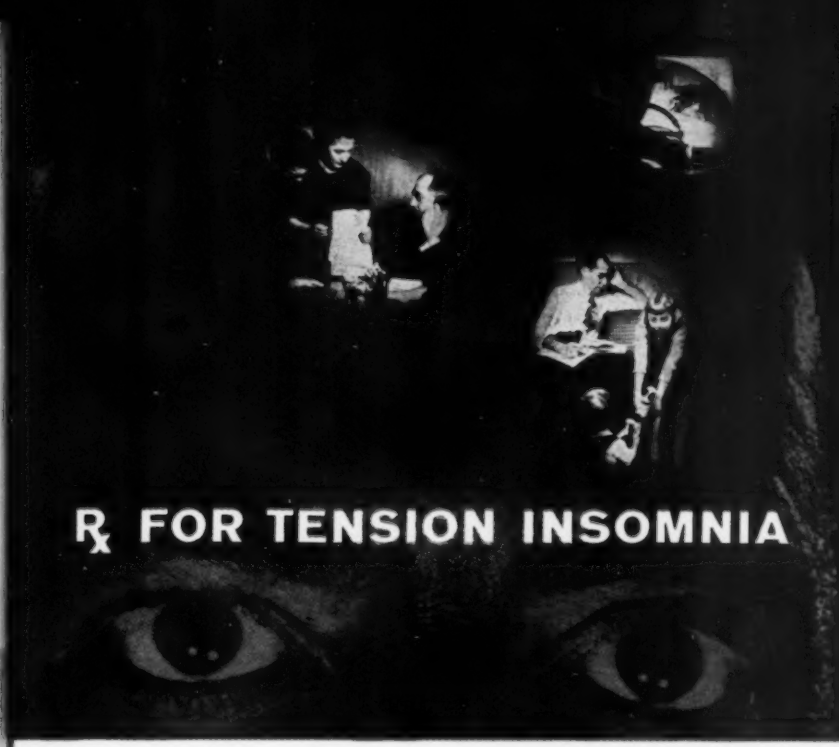
Here is MOOD-LIFTING ANALGESIA

for the head-cold patient whose spirits need gentle lift, who has "to keep on the go."

DAPRISAL

**Ideal adjunctive therapy in upper
respiratory disorders.**

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R_x FOR TENSION INSOMNIA

Two MEPROTABS before retiring

- insure restful, uninterrupted sleep
- insure alert awakening
- insure a tranquil mind and relaxed body

MEPROTABS are 400 mg. meprobamate tablets, coated, white, and unmarked, to make name and type of medication unidentifiable to your patient. Mepro tabs are pleasant tasting and easy to swallow.

Mepro tabs^{*}

contains the *original* meprobamate, discovered and introduced by

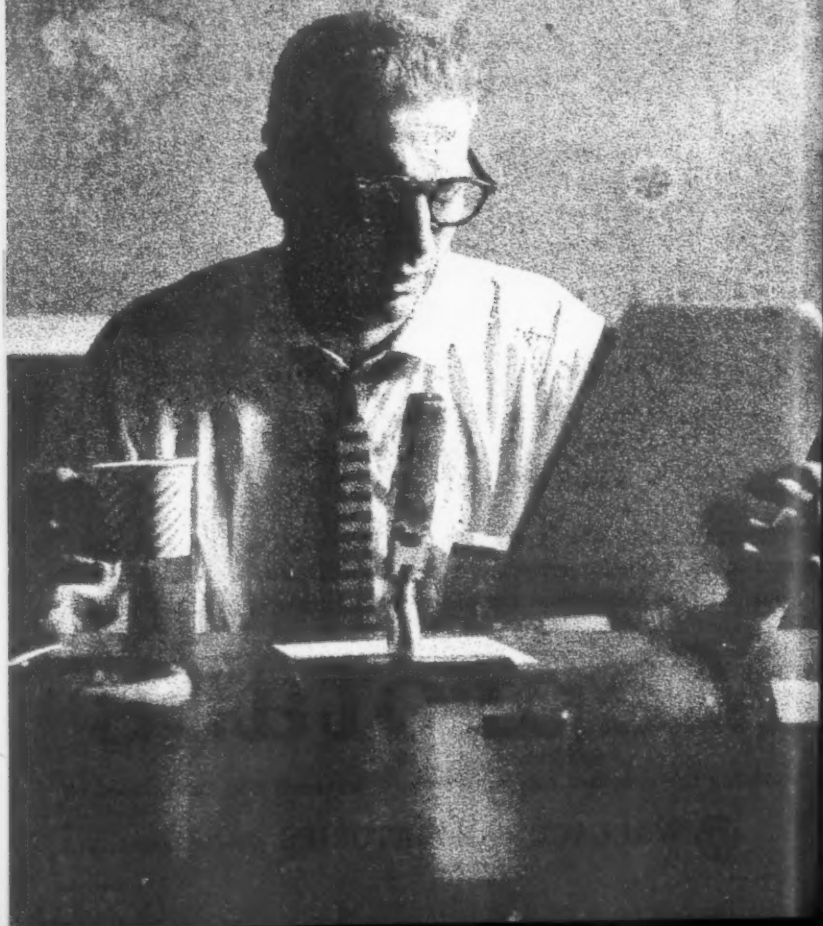


WALLACE LABORATORIES, *New Brunswick, N. J.*

^{*}TRADE-MARK

CMT-9302-79

control the tension—treat the trauma



Adm

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XUM

...Pathibamate® 400 200

meprobamate with PATHILON® tridihexethyl chloride Lederle

*greater flexibility in the control of tension, hypermotility
and excessive secretion in gastrointestinal dysfunctions*

PATHIBAMATE combines two highly effective and well-tolerated therapeutic agents:

meprobamate (400 mg. or 200 mg.) — widely accepted tranquilizer and ...

PATHILON (25 mg.) — anticholinergic noted for its peripheral, atropine-like action, with few side effects.

The clinical advantages of **PATHIBAMATE** have been confirmed by nearly two years' experience in the treatment of duodenal ulcer; gastric ulcer; intestinal colic; spastic and irritable colon; ileitis; esophageal spasm; anxiety neurosis with gastrointestinal symptoms and gastric hypermotility.

Two dosage strengths — **PATHIBAMATE-400** and **PATHIBAMATE-200** facilitate individualization of treatment in respect to both the degree of tension and associated G.I. sequelae, as well as the response of different patients to the component drugs.

Supplied: **PATHIBAMATE-400** — Each tablet (yellow, 1/2-scored) contains meprobamate, 400 mg.; **PATHILON** tridihexethyl chloride, 25 mg.

PATHIBAMATE-200 — Each tablet (yellow, coated) contains meprobamate, 200 mg.; **PATHILON** tridihexethyl chloride, 25 mg.

Administration and Dosage: **PATHIBAMATE-400** — 1 tablet three times a day at mealtime and 2 tablets at bedtime.

PATHIBAMATE-200 — 1 or 2 tablets three times a day at mealtime and 2 tablets at bedtime.

Adjust to patient response.

Contraindications: glaucoma; pyloric obstruction, and obstruction of the urinary bladder neck.



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

THE LITTLE WOMAN

of good doctors driven into alcoholism by their wives' chronic dissatisfaction with everything").

Giving medical advice ("This surgeon's wife actually used to call in orders for hospitalized patients when he was out of town").

Extravagance ("I know a man who became an abortionist simply because his wife insisted on more and more money. He's out of practice now. In fact, he's in jail").

According to one respondent,

though, the worst wife of all can be a former wife. "I know one," says this man, "who fills her days with character assassination, tearing down her ex-husband's reputation—and practice. Ex-wives are soon followed by ex-patients."

But now let's cross over to the sunny side of the street. As we do so, we might do well to ponder this gallant comment from one forbearing physician:

More on 120



"In six months, the doctor says, one of your young ideas will attain fruition!"

a
nose
that
stopped
history

...and
when your
patient's history
is a "stopped" nose

oral

DEMAZIN

formerly CHLOR-TRIMETON Compound
contains chlorpropenpyridamine maleate
and phenylephrine

In colds, sinusitis, allergic or vaso-
motor rhinitis...prolonged nasal de-
congestion by mouth *without* topically
caused rebound

supplied as

REPETABS: Each DEMAZIN REPETAB contains
4 mg. chlorpropenpyridamine maleate
(CHLOR-TRIMETON® Maleate) and 20 mg.
phenylephrine equally divided between outer
layer and timed-release inner core; bottle
of 100.


Syrup: Each teaspoonful (5 cc.) of DEMAZIN
Syrup contains 1.25 mg. chlorpropenpyrida-
mine maleate and 2.5 mg. phenylephrine hy-
drochloride; bottles of 16 oz. and 1 gallon.

Because the nose of Justinian II was cut off
by rebellious subjects, this bloodthirsty East
Roman Emperor had it replaced with a nose
of gold. His gesture of cleaning his golden
nose, it was said, meant each time that an-
other subject was doomed to die.

REPETABS,® Repeat Action Tablets.

SCHERING CORPORATION, KLOOMFIELD, N. J.

8-110



DIUPRES
plus other
antihypertensive
agents

with DIUPRES,
fewer patients
require addition
of other anti-
hypertensive
agents.

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DIUPRES
is adequate
by itself
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DIUPRES PROVIDES "BROAD-BASE" ANTIHYPERTENSIVE THERAPY.

...is effective by itself in a majority of patients with mild or moderate
hypertension, and even in many with severe hypertension.

greatly improved
and simplified management
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hypertension

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DIURIL[®] WITH RESERPINE

the first "wide-range" antihypertensive—effective in mild, moderate, and severe hypertension

- more hypertensives can be better controlled with DIUPRES alone than with any other agent... with greater simplicity and convenience, and with decreased side effects
- can be used as total therapy or primary therapy, adding other drugs if necessary
- in patients now treated with other drugs, can be used as replacement or adjunctive therapy
- should other drugs need to be added, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced
- organic changes of hypertension may be arrested and reversed... even anginal pain may be eliminated
- patient takes one tablet rather than two... dosage schedule is easy to follow
- economical

DIUPRES-500 500 mg. DIURIL (chlorothiazide),
0.125 mg. reserpine.

One tablet one to three times a day.

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0.125 mg. reserpine.

One tablet one to four times a day.



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[®]DIUPRES and DIURIL (CHLOROTHIAZIDE) ARE TRADEMARKS OF MERCK & CO., INC.

THE LITTLE WOMAN

"Gossip, extravagance, unso-ciability, office meddling—doc-tors' wives are no doubt guilty of all these sins and many others. Still, when I consider the exis-tence our wives have to lead (the loneliness, the disruption of plans, the constant emergen-cies), it seems remarkable they don't all turn into neurotics. It may well be harder to be a good wife to a physician than to be a good physician."

"The way my wife helps me most," observes one doctor, "is that she keeps our home—my

retreat—as normal as possible!"

In one form or another, this is the most widely held opinion among the surveyed practition-ers—just as it was among the doctors' wives who responded to the earlier survey.

"The wife's greatest contribu-tion," runs another typical re-sponse, "is to free the doctor from time-consuming household cares. This should extend to ar-ranging for car repairs and house maintenance."

Some medical men believe she should also keep the doctor him-

**vasoconstriction in minutes...
bacteriostasis for hours**



**Paredrine®
Sulfathiazole
Suspension**

In nasal congestion, rhinitis, sinu-sitis and sore throat—that seasonal quartet of upper respiratory com-plaints—'Paredrine' Sulfathiazole Suspension owns an enduring rec-ord of clinical success. A rapid-acting vasoconstrictor ('Paredrine' brand of hydroxyamphetamine) combined with a topically effective antibacterial agent, this intranasal preparation swiftly decongests the nasopharynx and coats it with a last-ing film of Microform® sulfathiazole. This treatment provides both max-imum effectiveness and minimum interference with ciliary action. And by prescribing 'Paredrine' Sulfathia-zole Suspension, the physician can reserve antibiotics for more serious infections.

Smith Kline & French Laboratories 

anticholinergic

**KEEPS
THE STOMACH
FREE OF PAIN**

tranquilizer

**KEEPS
THE MIND OFF
THE STOMACH**



Milpath acts quickly to suppress hypermotility, hypersecretion, pain and spasm, and to allay anxiety and tension with minimal side effects.

**AVAILABLE
IN TWO
POTENCIES:**

Milpath-400 — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

Milpath-200 — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Milpath®

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WALLACE LABORATORIES New Brunswick, N. J.



THE LITTLE WOMAN

self in good repair. Comments one physician: "She should see to it that her husband gets enough rest, eats the right food, and takes proper exercise." Switching tracks a bit, he adds: "And she ought to keep his accounts up to date and make sure he sends out bills on time."

Some other respondents make fewer demands. "If my wife did nothing more than give my children a sound, creative home, I'd be happy," observes one man. But, for the most part, there's general agreement that the truly helpful wife needs more than just homemaking skill: She should show an above-average ability to get along with people outside the home.

"The successful wife makes contacts and friendships easily through social as well as professional organizations," remarks one doctor. "For example, when I started my practice in a small town, my wife made it *her* practice to be friendly with everyone she encountered. A great many of my first patients came from contacts she'd made."

"A doctor's wife can accom-

plish much by tactfully letting tradespeople know that her husband's a doctor, and where his office is," says another man. "A doctor I know bought the ninth house built in a development of 500. His wife exercised her conversational charm on the milkman; and by the time the 500th house was sold, the doctor had to enlarge his office to take care of all the patients the milkman sent him."

The 'Hard Sell' Hurts

But too direct an effort to "sell" her husband can become a harmful wifely activity, as we've already seen. Which is apparently why many of the surveyed doctors approve chiefly of community activities—the sort of work that gives a woman a fine chance to help her husband *indirectly*. Fairly representative is this physician's observation: "It's unquestionably helpful to any man's practice if his wife is active in civic and school affairs instead of in merely the 'social butterfly' groups."

Another man tells how the wife of a young psychiatrist fur-



anorectal comfort in minutes For full symptomatic control in hemorrhoids, proctitis and pruritus ani *start* treatment with 2 Anusol-HC suppositories daily for 3 to 6 days to eliminate all inflammatory symptoms rapidly and safely. Then *maintain* lasting comfort with 1 regular Anusol suppository morning and evening and after each bowel movement. Neither product contains analgesics or narcotics, will not mask serious rectal pathology.

anusol® | **anusol-HC®**
*hemorrhoidal suppositories
 and unguent* | *dependable Anusol
 w/hydrocortisone*



AN HS - 01

THE LITTLE WOMAN

thered his career by becoming active in the county mental health association. She soon was made head of it. "In this position," says the doctor, "she never traded on her husband's name, nor he on hers. But she helped bring about a change in the rather low opinion in which psychiatry was held locally. Naturally, her husband's practice benefited."

Thus, a major characteristic of the helpful wife appears to be discretion. She's discreet, for instance, in handling telephone calls ("When patients call the doctor at home about obviously trivial matters, she has the good judgment not to wake him from

the sound sleep he needs, but instead to promise that he'll call back—and to help him keep the promise.") And she's especially discreet in knowing when to hold her tongue ("I'd say that the way she can help most is to behave as if she were totally ignorant of her husband's practice.")

Other Desirable Traits

Besides the above outstanding traits, the queried doctors also name the following among the most helpful attributes of a wife:

Patience ("Her attitude should ever be, 'Well, there's always tomorrow.'")

Sympathy ("She ought to make her husband feel free at any time to share with her the frustrations, triumphs, and problems of his practice—whether or not he ever actually does so.")

Dignity ("To me this means a manner that's friendly and interested, yet gracefully reserved.")

But one physician sums up the helpful wife this way: "Her helpfulness doesn't lie in any one big thing. It's the *little* things she does that help me get the big things done."

END





lets your stopped-up patient breathe again

Of the more than 200 nasal preparations available today only Biomydrin Nasal Spray contains an exclusive mucolytic agent which speeds the medication to affected tissue sites. Biomydrin is anti-inflammatory, anti-infective and decongestant—opens air passages, lets stopped-up patients *breathe again*—with no tolerance, no sensitization, no rebound congestion.

Biomydrin[®]
nasal spray/drops



BI MS - 01

Make the Most of Your **CHARITY DEDUCTIONS**

Thanks to our income tax laws, the high cost of giving can be cut considerably. Keep these points in mind, and you'll save

By M. J. Goldberg

A doctor I know used to distribute baskets of food to the poor every Christmas. But he doesn't any longer. Now he gives the baskets to his church, and the church distributes them. Reason: Charitable contributions to individuals aren't deductible on Federal income tax returns. Contributions to churches are.

There's an art to giving money away, just as there is to making it. At today's tax rates, your contributions cost you surprisingly little if you take full advantage of the law. The higher your tax

bracket, the less the cost. (See the table on page 134.)

Naturally, you won't let tax considerations govern your generosity. But once you decide on the gifts you want to make, it's your right to get the maximum tax benefit from them. The tax deduction for charitable contributions is meant to be used.

Now's the time to check over last year's donations to make sure you don't miss out on permissible deductions. Now is also the time to take a look ahead at the gifts you plan to make in the coming year. With foresight, you



resolve sinus or frontal headache

Doctors everywhere are now finding that Sinutab relieves the misery of sinus or frontal headache. Sinutab promptly and safely aborts pain, decongests to relieve pressure and provides mild tranquilizing action to relax the patient. Try Sinutab—you'll be pleased with the results.

Sinutab[®]

resolves sinus headache



SIN MS-01

CHARITY DEDUCTIONS

can give even more of your money to your pet charities, even less to the Treasury. For your convenience, here is a quick question-and-answer rundown on the U.S. income tax aspects of charitable contributions:

There Are Limitations

Are donations to all worthy causes tax-deductible?

Not quite all. As a rule, you can deduct gifts only to religious, charitable, scientific, literary, or educational organizations that are both nonprofit and estab-

lished in the U.S. or its possessions. Some veterans' organizations and fraternal orders are included in this category. You can also deduct gifts you make to a government agency "for exclusively public purposes."

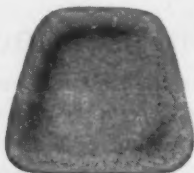
But, as I've said, gifts to individuals (no matter how worthy) aren't deductible. Nor are contributions to political parties or to any organization that's primarily a lobbying group. You can't claim contributions to athletic or social clubs, because

More on 132

NEW for chronic constipation...

DECHOTYLTM
TABLETS*

safe, gentle transition to normal bowel function



BILE STIMULATION

DECHOLIN® (dehydrocholic acid, AMES). 200 mg.

Desoxycholic acid 50 mg.

STOOL SOFTENING

Diocetyl sodium sulfosuccinate 50 mg.

physiologic support until normal function returns

Available: Bottles of 100.

*U.S. FOR AMES TRAPEZOID-SHAPED TABLET

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asthmatic...but symptom-free All day long, on the job or off, Tedral protects most asthmatic patients from bronchospasm, mucous congestion and the fear and embarrassment of recurrent seizures. One Tedral tablet, taken at the first sign of attack, blocks the acute phase. For prophylaxis, most patients can be effectively, safely and economically maintained in symptom-free security on just 1 or 2 Tedral tablets q.i.d.

TEDRAL[®]

the dependable antiasthmatic



TE MS - 01

**ANNOUNCING
SCHERING'S
NEW
MYOGESIC^x**

RELATM EASES STRAINS
SPRAINS & LOW
BACK PAINS...!

CARISOPRODOL

a new myogestic for better relaxant
and analgesic therapy—more adept
management of spasm and pain in
strains, sprains and low back pains.

RELA—though a single drug—is a
true myogestic and works rapidly
to achieve three desired effects...



Rela relaxes acute muscle spasm
Relief of muscle spasm (96%
excellent to good effectiveness)¹

**Rela provides a unique quality of
persistent pain relief through
its relaxant and analgesic actions**
"Relief from pain was usually rapid
and sometimes dramatic"¹

**Rela, through relaxation and
analgesia, assures daytime ease
and nighttime rest**

"...A number of patients
reported freedom from
insomnia which they
attributed to freedom
from pain."¹

indications: RELA is most beneficial
in those conditions of the musculo-
skeletal system manifesting pain,
stiffness and spasm.

safety: Studies of more than 1400
patients indicate that the toxicity of
RELA is exceptionally low. In human
subjects, respiratory, blood pressure
or blood chemistry changes and/or
renal, hepatic or endocrine
dysfunction have not been reported.

dosage: The usual adult dosage of RELA is
one tablet 3 times daily and
at bedtime. RELA has a rapid onset
of action, with relief usually
apparent within 30 minutes, and
persisting for at least 6 hours.

1. Kuge, T.: To be published

91-227

***MYOGESIC**
muscle-analgesic
relaxant

Schering

CHARITY DEDUCTIONS

they benefit only a restricted group. For the same reason, your donations to a medical or specialty society aren't deductible (but you can claim them as a professional expense, of course).

On the other hand, gifts to a nonprofit hospital *are* deductible.

Must the contribution be in cash?

No. You can give away real property, securities, insurance policies, and agricultural crops, to name just a few of the possibilities. You can even get a reasonable deduction for donations

of such personal property as used clothing and furniture.

You Can't Deduct Time

What if you give an afternoon a week to a charity clinic or some other welfare agency? May you deduct the value of your services?

No. To be deductible, a gift must be tangible. But it's legal to deduct any expense you incur in doing such work—for example, the cost of gas and oil, uniforms and equipment, etc.

If you give away property

Doctor—when you prescribe steam for colds, recommend an automatic

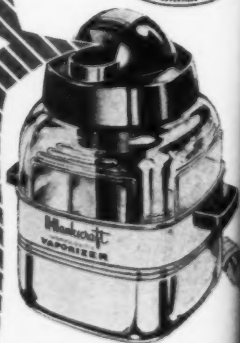
Hankscraft VAPORIZER

Hankscraft vaporizers offer a highly effective method of treating colds, coughs, bronchitis, sinusitis, and similar ailments. Soothing steam is spread evenly throughout the respiratory tract. Simple construction of Hankscraft vaporizers insures effective, trouble-free operation. Completely automatic. Just add water and plug in. One filling lasts all night and then shuts off automatically. Remember—for effective steam therapy—prescribe Hankscraft!

Write today for a free supply of instruction booklets for your patients.

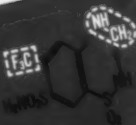
HANKSCRAFT COMPANY
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America's leading line of automatic vaporizers, sterilizers, bottle warmers.



Model 202-A - \$6.95 retail
Other models \$4.95 to \$9.95

Improved molecular structure!
Higher sodium chloride excretion!



18-hour diuresis
on a single
50-mg. tablet

saluron
TABLETS

Demonstrated to achieve —
30% MORE SODIUM EXCRETION
than maximally effective parenteral dosage of meralluride
62% MORE SODIUM EXCRETION
than maximally effective oral dosage of chlorothiazide

with less risk of potassium and
bicarbonate depletion
with no significant
serum electrolyte changes

Bristol

A RECORD OF PROGRESS

FIRST — chlorothiazide

NEXT — hydrochlorothiazide

THEN — flumethiazide

NOW — sustained-action hydroflumethiazide 'Bristol'

**NOW—more efficient, sustained diuresis
with a single 50 mg. tablet of this
new and improved oral diuretic**



saluRON[™]

sustained-action hydroflumethiazide "Bristol"

TABLETS

clinical research findings

- Effective dose 50 mg. per day.¹⁻⁴
- Prompt sodium excretion, with "a duration of at least 18 hours."²
- 30% **more** natriuresis than parenteral meralluride —
62% **more** than oral chlorothiazide.²
- Less potassium and bicarbonate excretion or pH change than with chlorothiazide or hydrochlorothiazide.²
- "No significant serum electrolyte changes."²
- Continued effectiveness with prolonged use.^{1,2,4,5,6}
- Well tolerated.¹⁻⁴

INDICATIONS:

SALURON is indicated for the treatment of salt and water retention associated with cardiac or renal insufficiency, hepatic cirrhosis, pregnancy, premenstrual syndrome, or steroid administration.

DOSAGE:

Usual dose one tablet on arising. Some patients respond to as little as 25 mg. per day; but doses as high as 400 mg. may be used. Ideally, the dosage should be adjusted to the individual patient's need, so that effective diuresis is produced with the minimal dose.

SUPPLY:

Scored 50 mg. tablets of sustained-action hydroflumethiazide; bottles of 50.

Comprehensive information on administration, dosage and precautions on package insert, or available on request.

REFERENCES:

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2. Ford, R. V., Nickell, J., and Dennis, E. W.: *Ant. Med. & Clin. Ther.* 6:461, 1959.
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4. Hudson, R., Meyer Memorial Hospital, Buffalo, N. Y.: Personal communication.
5. Meitman, E., Long Island Jewish Hospital, New Hyde Park, N. Y.: Personal communication.
6. Ya, Paul, University of Rochester Medical School, Rochester, N. Y.: Personal communication.



LABORATORIES INC., SYRACUSE, NEW YORK

Announcing the 1960

MEDICAL ECONOMICS AWARDS

*for original articles
written by physicians*

\$500 for the one article adjudged the best of those submitted

Up to **\$300** for other articles found acceptable for publication

Thirty-seven physicians have won MEDICAL ECONOMICS AWARDS in the last three years. Their winning contributions have ranged from "What Happened When I Raised My Fees" to "How to Deal With the Seductive Patient."

If you've benefited from reading such contributions, maybe that makes it your turn to contribute. Here's how:

Write up your ideas on one carefully limited aspect of any broad subject in our field—practice management, for example, or human relations, or even medical humor.

Document your ideas with specific examples, anecdotes, and cases in point drawn from your own experience. The more such documentation, the better your chance of winning an Award.

Send in your article to the Awards Editor, MEDICAL ECONOMICS, Oradell, N.J.—the sooner, the better, but postmarked no later than Jan. 31, 1960. Manuscripts should not exceed 2,500 words. They should be typed, double-spaced, on one side of the paper, and mailed in with a stamped, self-addressed envelope enclosed. MEDICAL ECONOMICS' editors will be the judges; their decision will be final.

CHARITY DEDUCTIONS

(land, say, or equipment), how do you figure the amount of your deduction?

You base it on the fair market value of the property at the time you turn it over. If you donate stocks, you can get the quotations from your newspaper. For property that's harder to value—real estate, for example—it's wise to get an evaluation from a professional appraiser. His fee is also tax-deductible.

This fair-market-value rule opens the door to big potential tax savings, by the way. For instance, suppose you want to donate \$1,500 to a given charity.

If you own a security that cost you \$1,000 but that's now worth \$1,500, you'll save money by giving the security itself rather than cash. If you were to sell the stock, you'd have to pay a tax on the \$500 capital gain. But if you give it away, you get full credit for a \$1,500 deduction and you won't have to pay a capital gains tax on the \$500.

Or if you'd rather not contribute the whole \$1,500, you can sell the stock to the charity for \$1,000 (its original cost). In effect, you're then contributing only the \$500 profit. Of course, you pay no tax on the \$1,000; that's your own money coming back to you. But you can claim a \$500 deduction for the gift without first paying a capital-gains tax on the profit.

THE TRUE COST OF TAX-DEDUCTIBLE GIFTS*

If you taxable income is:	Every \$1 contribution costs you:
\$12,000- \$15,999\$.70
16,000- 19,99966
20,000- 23,99962
24,000- 27,99957
28,000- 31,99953
32,000- 35,99950
36,000- 39,99947
40,000- 43,99944
44,000- 51,99941

*Assuming you are married and file jointly with your wife.

A Double Deduction

How should you handle gifts of securities that have gone down in value?

In this event, it's best to sell the stocks and contribute the cash proceeds. Here's why:

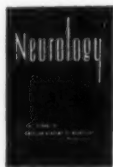
If a stock that cost you \$1,000 is now worth only \$750, donat-

QUESTION:

What have authorities reported as to the efficacy of Fiorinal in tension headache?

ANSWERS:

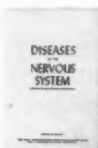
From the published reports of leading clinicians.



"The most effective symptomatic medication in the treatment of tension headache have been several analgesic and sedative combinations. One of the most effective is

Fiorinal, which yielded relief in two out of three patients." (Friedman, A. P., von Storch, T. J. C. and Merritt, H. H.: *Neurology* 4:773, Oct. 1954.)

"In the treatment of tension headaches ... [Fiorinal's non-narcotic action] offers a better opportunity for relief than some usually prescribed non-narcotic analgesics." (Weisman, S. J.: *Am. Pract. & Digest. Treat.* 6:1019, July 1955.)



"Fiorinal appears to be one of the most useful preparations to date for the relief of tension headaches. Easing of the head discomfort was accomplished by one or

two tablets without any unpleasant side effects such as drowsiness or gastric upsets. In many cases Fiorinal appeared to temporarily relieve the discomfort from sinus trouble or acute respiratory infections." (Kibbe, M. H.: *Dis. Nerv. System* 16:77, March 1955.)

specific therapy
for
tension
headache



Fiorinal®

relieves pain, muscle spasm, nervous tension
rapid action • non-narcotic • economical

FIORINAL TABLETS

Each tablet contains:
Sandoptal (Allylbarbituric acid N.F.X) 50 mg. ($\frac{1}{4}$ gr.),
caffeine 40 mg. ($\frac{1}{2}$ gr.),
acetylsalicylic acid 200 mg. (3 gr.), acetophenetidin 130 mg. (2 gr.).

Dosage: 1 or 2 tablets every 4 hours according to need, up to 6 per day.



CHARITY DEDUCTIONS

ing the cash proceeds from sale of the stock permits you to take a \$750 deduction for the contribution and a \$250 deduction for the capital loss. If you were to give away the stock itself, you'd get the same contribution deduction, but you couldn't claim the capital loss.

How much may you deduct for contributions in any year?

Up to 20 per cent of your adjusted gross income (professional net plus outside income). And you're also allowed an *additional* deduction of up to 10 per cent of your adjusted gross income for contributions to churches, tax-exempt schools, hospitals, and medical research organizations associated with hospitals.

What's the simplest way to figure out your limits under the above double deduction?

The secret is to work out your deductions in ascending order. Do the 10 per cent first, then the 20 per cent. For example, let's say that your adjusted gross income for 1959 is \$16,000, and that you've given \$1,700 to churches, schools, and hospitals and \$2,000 to your Community

Chest and the Red Cross. Here's how to determine your allowable deductions:

Of the \$1,700, you're allowed \$1,600 (10 per cent of \$16,000) on the basis of the special 10 per cent deduction. That leaves \$100; for income tax purposes, this sum can be added to the \$2,000 in the other category. Since \$2,100 is way under 20 per cent of your total income, you can obviously deduct all of this amount.

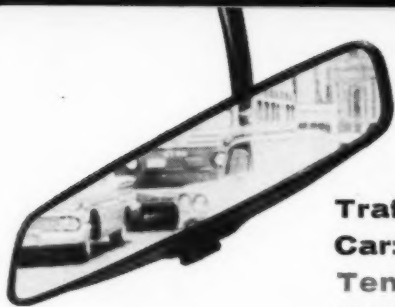
Installment Giving

What if you want to give away an expensive piece of property—some land, say—that's worth more than you're allowed to deduct for the year? Must you lose the deduction for part of your contribution?

Not if you handle the deal properly. The law allows you to give property in installments. It's not hard to arrange the transfer so that the installments don't exceed the deduction limits. To illustrate:

If your maximum allowable deduction for 1960 is \$5,000,

More on 141



Traffic: jammed
Car: stalled
Temper: mild
Ulcer: quiet

Here's a man whose ulcer once would have protested strongly—not just at traffic problems—but at the entire gamut of stress to which modern man is subjected.

His physician, aware that *the patient as well as the ulcer* must be treated, has prescribed ALUDROX SA.

eases tension • promotes healing
relieves pain • reduces acid secretion
inhibits gastric motility

ALUDROX[®] SA

Suspension and Tablets; Aluminum Hydroxide Gel with Magnesium Hydroxide, Ambutonium Bromide and Butabarbital, Wyeth



Philadelphia 1, Pa.

**in
bacterial
infections
the new alternative:**



R_x

Madribon 0.5gm

#16

*Sig - Tab II stat
then tab II
once a day -*

The low cost antibacterial prescription
with assured safety and effectiveness

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ROCHE



Division

"...its simplicity of administration, safety, clinical response and reasonable cost make... [Madribon] a desirable drug in instances where it is equally effective [as the antibiotics] and a choice drug in many antibiotic-resistant cases." M. J. Mooley, Jr., *J. Nat. M. A.*, 51:755, 1959.

MADRIBON

safe
effective
economical

Clinically effective for infections caused by:

*Staphylococcus aureus hemolyticus** • beta hemolytic streptococci • pneumococci • *K. pneumoniae* • *H. influenzae* • *Ps. aeruginosa** • *B. Proteus* • *E. coli** • *Proteus** • *Shigella* • *Salmonella** • paracolon bacilli

A new alternative in bacterial infections for many reasons—

- wide-spectrum activity
- high rate of clinical effectiveness—up to 90%
- less than 2% side effects—even in long-term use
- minimal risk of hazardous superinfections
- essentially no danger of anaphylactic reactions
- fewer problems with resistant mutants
- economical therapy
- reserves antibiotic effectiveness for fulminating, life-threatening infections

For complete information on dosage forms, dosage schedules and precautions, consult literature available on request.

*Some infections due to antibiotic-resistant strains have responded to Madribon.

MADRIBON®—2,4-dimethoxy-6-sulfamido-1,3-diazine
ROCHE®



ROCHE LABORATORIES

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When summoned to the home of the patient, the physician found him on the floor in a paroxysm of pain due to an acute attack of renal colic spasm. Two injections of meperidine given at close intervals failed to provide relief. Approximately three hours later the patient (who had been hospitalized) was given an injection of "MUREL." In five minutes the spasm was completely controlled.

Case history based on Medical Records, Ayerst Laboratories



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YOU
CAN

PRESCRIBE
"Murel"-S.A.
new Sustained Action Tablets

in G.I., G.U. and BILIARY *SPASM* HOWEVER SEVERE

IN G.I., G.U. and BILIARY SPASM HOWEVER SEVERE

Medical reports¹⁻⁴ confirm the broad clinical usefulness and unusual freedom from side effects of "MUREL," based on its selective spasmolytic properties, effectiveness in low dosage, and rapid detoxification and excretion. "MUREL" is a *triple-acting*, synergistic spasmolytic — anticholinergic, musculotropic, ganglion-blocking — providing optimal control of smooth muscle spasm. "MUREL" is also valuable as an adjunct in peptic ulcer therapy.

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or I.M. every 4 to 6 hours up to a maximum of 60 mg. in 24 hour period. *Maintenance:* Orally.

The higher dosages of "MUREL" are recommended in early therapy and in G.U. and biliary tract spasm.

1. Peiser, U.: *Med. Klin.* **50**:1479 (Sept. 2) 1955.
2. Berndt, R.: *Arzneimittel-Forsch.* **5**:711 (Dec.) 1955. 3. Rostalski, M.: *Zentralbl. Gynäk.* **70**:1153 (July 21) 1956. 4. Holbrook, A. A.: *Am. Pract. & Digest Treat.* **10**:842 (May) 1959.



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CHARITY DEDUCTIONS

and if you want to donate property worth \$20,000 to a good cause, you can sign over only a portion of it in 1960. In each succeeding year, you can then sign over another portion, until the property has been wholly contributed.

In fact, there are several ways to handle property other than giving it outright. For one thing, you can make a gift now that won't go into effect until after your death. You can retain a "life interest" in a picture that you give to a museum, for example. In other words, the picture will hang on your wall for as long as you live, but you'll still get an immediate deduction—not for the whole present value of the picture, but for a percentage of it. The I.R.S. has tables,

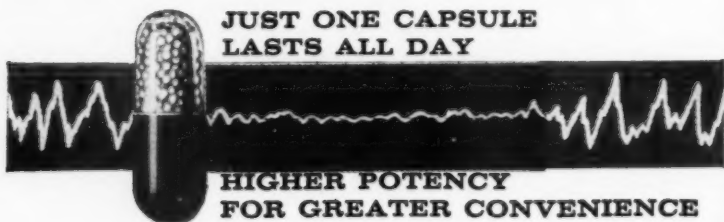
laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

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CHARITY DEDUCTIONS

based upon life expectancy, for computing such percentages. (If you simply left the painting to the museum through your will, you'd lose out on this tax deduction.)

There are also a variety of possible ways to reduce taxes by transferring income-producing property temporarily. The income goes to the charity; so you pay no taxes on it. At the end of the stipulated period, the property comes back to you or your

family. Since requirements for such arrangements are rather technical, you'll need your attorney's help in setting one up.

On your 1959 return, may you deduct amounts that you've pledged to give in 1960?

No. Contributions are tax-deductible only in the year they're made. So if you pledge \$200 to the Community Chest but don't get around to paying up until the following year, you must hold the deduction over. END

Is Solo Practice Done For?

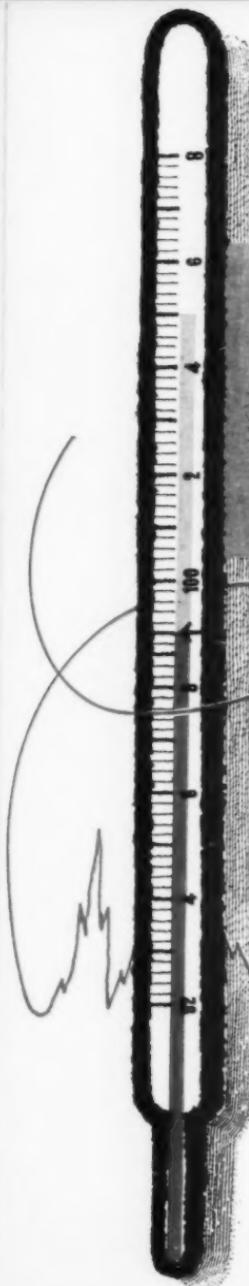
By Lois Hoffman

Some years ago, when you started practice, chances are you gave hardly a thought to joining forces with another doctor or group of doctors. Today's young physician sees things differently. A nation-wide study—just completed for RISS magazine by Audits and Surveys

Company, Inc.—shows that the current crop of house staffers strongly prefer group, partnership, or salaried practice.

The study was made in 112 hospitals chosen by precise statistical sampling methods to ensure a representative cross-section. In these hospitals, field

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In the management of symptoms of the common cold . . . fever, headache, malaise, muscular pains . . . why not weigh the advantages of Anacin over aspirin? Clinical literature has verified that a combination of analgesics in small doses appears to be more effective in relieving pain than either drug alone in its full analgetic dose.^{1,2,3} Anacin is such a combination. Further investigation has demonstrated that one of the ingredients in Anacin (acetophenetidin) is superior to aspirin in reducing fever . . . aspirin having only 60% of the antipyretic action of acetophenetidin.⁴ Well tolerated. No gastric upset.

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- References: 1. Goodman, Louis S. and Gilman, Alfred: *The Pharmacological Basis of Therapeutics*, sec. ed., 1955. 2. Krantz and Carr: *Pharmacologic Principles of Medical Practice*, 1954. 3. Hammes, E. M. Jr.: *Pain Relieving Drugs*, J. Lancet 79:57, Feb., 1952. 4. Brownlee, George: *A Comparison of the Antipyretic Activity and Toxicity of Phenacetin and Aspirin*, Quarterly J. of Pharmacy and Pharmacology 10: 609-620, 1937.

END OF SOLO PRACTICE?

researchers asked 105 internes and 354 residents what type of practice they anticipated going into. Findings on the house staffers' plans are summarized in the accompanying tables.

About 77 per cent of the surveyed residents and internes say they intend to practice in the United States (probably reflecting the fact that roughly 77 per cent
More on 148

Field of Practice Planned

	% of House Staffers*	% of Doctors Already in Field
Internal medicine	25.7	11.0
Surgery	17.2	13.5
Obstetrics and/or gynecology	9.2	7.5
Pediatrics	9.2	5.4
General practice	7.6	41.0
Pathology	5.9	1.6
Anesthesiology	3.5	2.4
Ophthalmology	3.3	2.5
Other specialties	18.7	15.1
Undecided	1.7	—

*Figures in this column add up to more than 100 per cent because some respondents named more than one field. The figures reflect only current plans, not the proportion of graduates who will actually enter practice in each field. This is particularly true of general practice, which many men enter without taking a residency. Psychiatry, one of the larger specialties, isn't fully represented here. Reason: The special hospitals where most psychiatrists train weren't included in the survey sample.

Total Training Time Anticipated

Three years or less	20.8%
Four years	31.8
Five years	21.3
Six years	10.7
More than six years	8.8
Undecided	6.6

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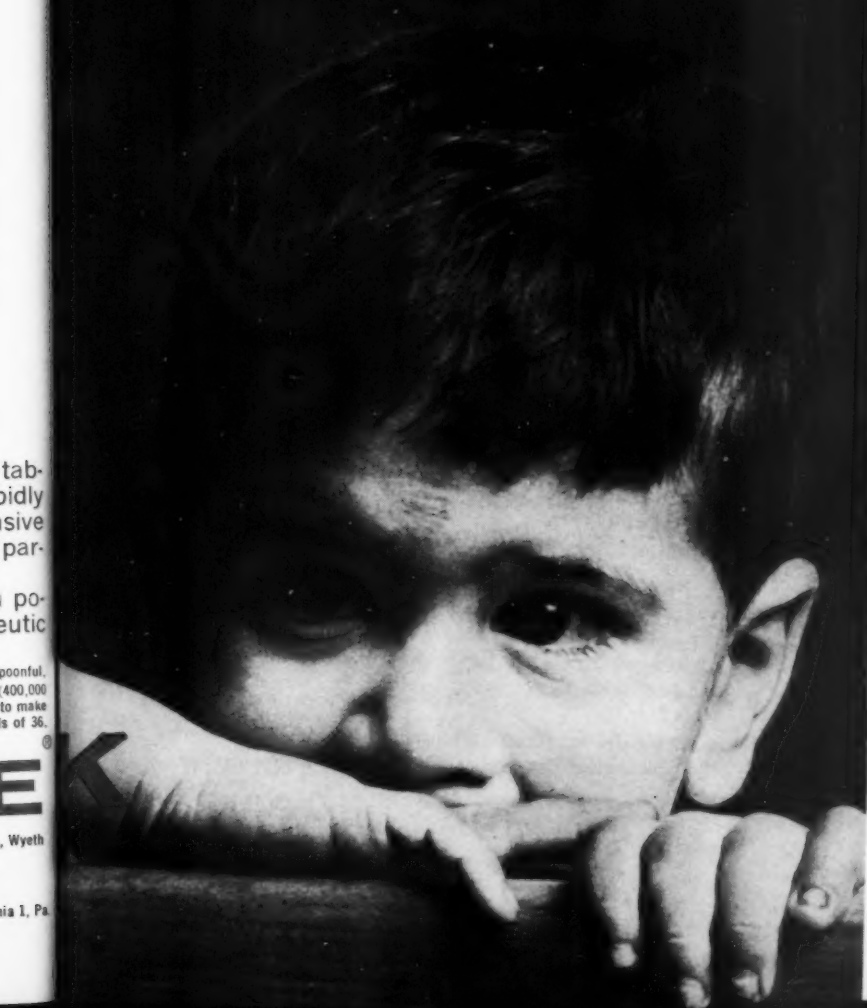
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END OF SOLO PRACTICE?

Type of Practice Planned

	% of House Staffers*	Estimated % of Doctors Now in Practice
Solo	35.6	67
Partnership	20.4	10
Group	15.8	6
Hospital	13.2	} 17
Other	20.6	

*Figures add up to more than 100 per cent because some respondents named more than one type of practice. The "Hospital" category includes those planning to work as hospital-salaried specialists, research workers, resident doctors, etc. "Other" covers such fields as government, military, industrial, and academic medicine.

cent of those now in hospital training here are Americans). But before hanging out their shingles, say one-third of the

house staffers, they still have to spend at least two years doing military service or the equivalent.

END

R *unaway inflation*

I was taking a small boy's blood pressure. As I wrapped the cuff around his arm, he stiffened in alarm. His bulbously pregnant mother quickly reassured him:

"It won't hurt a bit, Jackie. You've seen Mommy's doctor do it to *her* lots of times. So watch Dr. Wheelock pump it up."

Jackie did so. When I'd finished, he jumped down from the table with obvious relief. Then he eyed his mother speculatively.

"Mommy," he declared, "*your* doctor has blowed *you* up too far."

—SEYMOUR E. WHELOCK, M.D.

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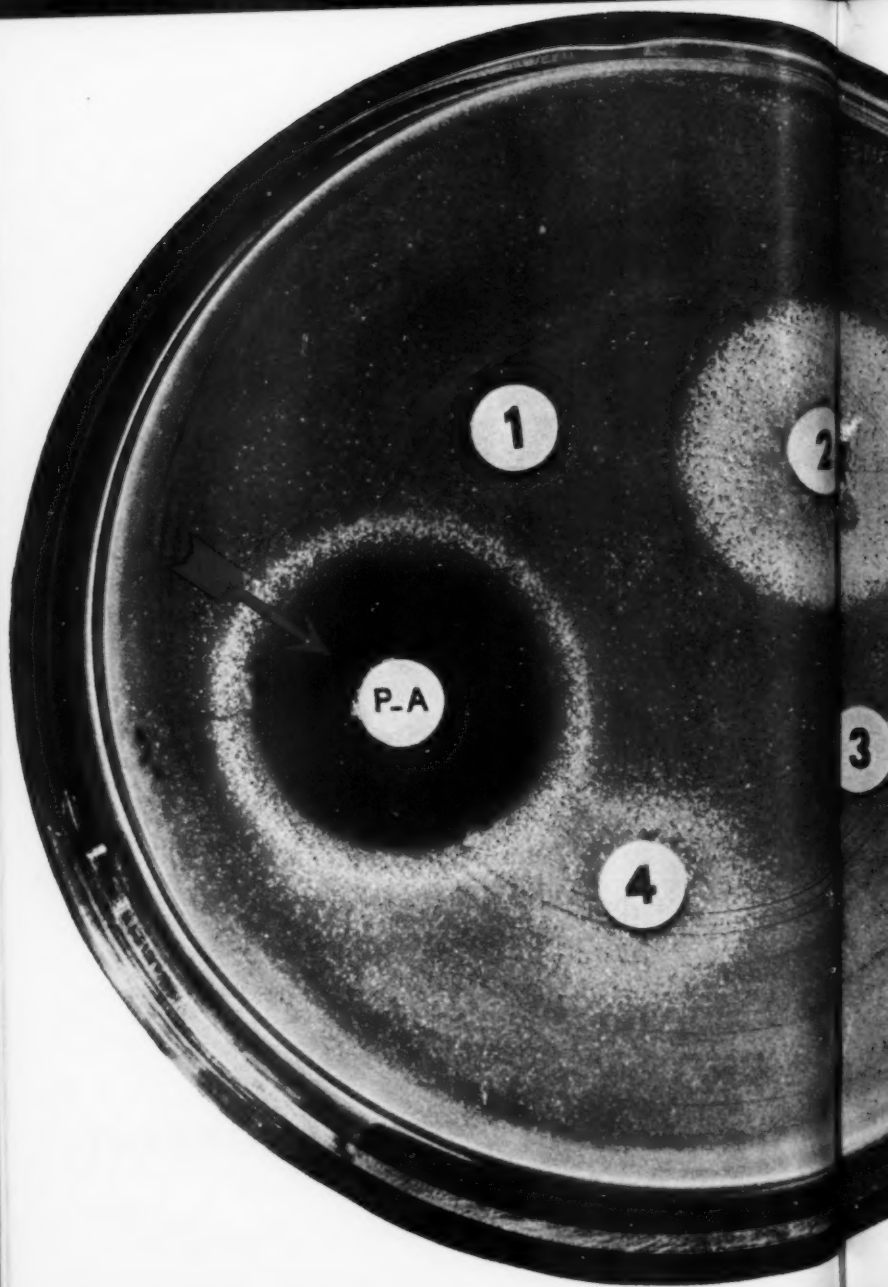
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Twenty-four hours later
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Formula: Acetylsalicylic acid 0.30 Gm., MAALOX (magnesium-aluminum hydroxides) 0.15 Gm.

Offered: Bottles of 100 and 500.



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How to Write Medicolegal Reports That Earn Top Fees

BY IRENE DONELSON

"Why can't you attorneys leave me alone?" a doctor grumbled to my husband, the other day. "You're always phoning me about this or that accident case and nagging me about how soon I can give you the medical report. Don't you realize I'm busy?"

That's a common complaint. You've probably thought something of the sort yourself from time to time. And it doesn't make you any happier to know that the A.M.A. has joined the lawyers in urging you to deliver your medicolegal reports fast. Still, that's just what your association has

done. In 1958, the A.M.A. and the American Bar Association agreed on an interprofessional code that includes the following paragraph:

"The physician upon proper authorization should promptly furnish the attorney with a complete medical report, and should realize that delays in providing medical information may prejudice the opportunity of the patient either to settle his claim or suit, delay the trial of a case, or cause additional expense or the loss of important testimony."

As the A.M.A. makes clear,

More on 156

THE AUTHOR, a Californian, acts as legal secretary to her lawyer-husband.

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Reports from other investigators²⁻¹⁰ have repeatedly confirmed the efficacy of CHLOROMYCETIN against a wide variety of present-day pathogens. One worker states: "Resistance to chloramphenicol occurs infrequently, except in cases which have been intensively treated with the antibiotic."²

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CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

(1) Goslings, W. R., and Büchli, K.: *Arch. Int. Med.* 102:691, 1958. (2) Flippin, H. E.: *Am. Pract. & Digest Treat.* 10:39, 1959. (3) Borchart, K. A.: *Antibiotics and Chemother.* 8:564, 1958. (4) Fischer, H. G.: *Deutsche med. Wchnschr.* 84:257, 1959. (5) Holloway, W. J., & Scott, E. G.: *Delaware M. J.* 30:175, 1958. (6) Suter, L. S., & Ulrich, E. W.: *Antibiotics & Chemother.* 9:38, 1959. (7) Markham, N. P., & Shott, H. C.: *New Zealand M. J.* 57:55, 1958. (8) Ditmore, D. C., & Lind, H. E.: *Am. J. Gastroenterol.* 28:378, 1957. (9) Schweiersson, S. S.: *J. Mt. Sinai Hosp. New York* 25:52, 1958. (10) Godfrey, M. E., & Smith, I. M.: *J.A.M.A.* 166:1197, 1958.

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IN VITRO SENSITIVITY OF 337 STRAINS OF PATHOGENIC STAPHYLOCOCCI (ISOLATED FROM HOSPITAL PATIENTS) TO CHLOROMYCETIN AND TO THREE OTHER ANTIBIOTICS*

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MEDICOLEGAL REPORTS

there's a good reason for the haste. A lapse of too much time between an accident and the settlement of a suit may mean loss of witnesses or of evidence. By getting out medical reports promptly, you do a great service to your patient, to his attorney, and to the American system of justice. Moreover, you'll feel you've earned the fee that's coming to you—and so will the lawyer and the patient.

As the wife of an attorney and as legal secretary in his busy law firm, I often have to meet the problem of the medicolegal report. I see competent reports and inadequate ones. And I've observed that the inadequate jobs are usually the slowest to come in. That's why I suspect that many doctors delay writing their reports because they're not sure how to go about it.

With this in mind, my office has worked out a six-step outline for making reports on personal injury litigation. Doctors tell us that our suggestions have helped them save valuable time. See if the following pointers don't help you, too:

1. Your report should not include extensive details about the accident.

In the history that precedes your medical report, you'll naturally identify the patient and state the date, time, and place of the accident (if you can). You'll also tell who gave first aid, if any, and exactly what it consisted of.

But if you go into a discussion of the accident itself, your report may backfire. For example, I know of one doctor's lengthy report that seemed fine—until the attorney spotted a glaring error. The doctor stated that the child in the case had been injured in an automobile accident. Actually, the mishap had occurred on a school playground. Under the school's insurance policy, the child could be compensated for his injuries. But, since the policy was "non-automotive," the insurance company would have denied liability if the doctor's word had been allowed to stand. It wasn't. But the doctor had to waste extra time setting the record straight.

So most of our local medical

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men agree that it's best to go easy on the details unless you're sure of them. Says one doctor I know: "I never write about facts I haven't personally investigated. I leave that to the attorney."

2. Your report should give the date you first examined the patient; and it should explain the reason for any delay.

If you first saw the patient

days, weeks, or months *after* the accident, your explanation of the delay might have an important bearing on the case. To illustrate:

A woman I'll call Mrs. Anderson was injured in an automobile collision while on vacation.

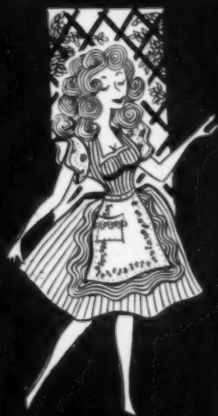
She was badly shaken up, but otherwise seemed to be all right. *More►*



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CARTOON BY AL HALEMAN
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"I'm planning on doing that case next month—when I become chairman of the tissue committee."

U R I



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So she and her husband stopped at a motel for the night. Next morning, she awoke in severe pain. Her husband urged her to see a local doctor, but she insisted on being examined by her own physician. Returning home, they telephoned their G.P. and learned he was out of town for a week. Mrs. Anderson's pain had subsided, so she decided to wait. A week later, when she was finally examined, she was in bad shape. She had to spend the next two weeks in a hospital in traction.

In his medical report prepared for the attorney several weeks later, the doctor stated: "The patient was initially seen in my office on Aug. 10, 1959." The accident had happened on July 31. Because the report said nothing about the patient's pain and suffering in the intervening time, the insurance representative discounted the extent of it.

To sum up: An adequate report discloses the time elapsed between the date of accident and the physician's first examination; and it mentions the patient's explanation for any delay.

3. Your report should give a complete description of the patient when first examined and of his complaints at the time.

Include both symptoms and complaints. If the patient was bleeding profusely from lacerations when you first treated him, say so. If he was pale and cold and felt faint, say so. If he complained of a throbbing headache or back pain, say so. A patient who looks bad may not seem unusual to you from the medical standpoint. But his appearance could affect his legal chances.

One of our more useful reports described the patient and her complaints in this manner: "At the time of the examination, she complained of pain up her neck and down to her waist along the spine. Her head throbbed, and she felt hot all over. Examination revealed that her face was flushed." This doctor used terms that laymen—patient, attorney, and insurance representative—could readily understand.

An example of a highly inadequate report was one in which a doctor neglected to mention that

More on 164

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Krantz, J. C., Jr.: The restless patient—A psychologic and pharmacologic viewpoint. *Current M. Digest* 25:68, Feb. 1958.

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stop as well as prevent
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no special precautions and no known contraindications

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no demonstrable effects other than antiemesis.

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stops *active* vomiting in addition to prophylactically preventing nausea and emesis.

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effective against vomiting and nausea in the widest range of common and special situations such as pregnancy, travel sickness, gastrointestinal disorders, uremia, carcinomatosis, drug poisoning, radiation sickness, postoperative states.

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patients may drive, fly and work in hazardous situations, even when these activities have been previously interdicted with other agents.

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not a converted tranquilizer
not a converted sedative
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Available: Capsules, 100 mg, blue and white; bottles of 100 and 500.
Ampuls, 2 cc (100 mg/cc); boxes of 6 and 25.
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MEDICOLEGAL REPORTS

the patient was intoxicated when first examined after a fall. This damning fact wasn't brought to light until weeks later during a casual conversation between the patient's attorney and the doctor—and it blew the case sky-high! The attorney needs the *whole* truth in your reports. He appreciates learning bad news, as well as good news, as promptly as possible.

4. Your report should give a complete description of all treatments and prescriptions.

That includes use of orthopedic appliances or other devices, and *all* medications. Two examples will show why:

¶ One woman's doctor prescribed medication to relieve muscle spasm for a few days after her accident. But the pain continued to bother her after the prescription pills were gone. So, at her doctor's suggestion, she took aspirin daily for several weeks. Yet in his report the doctor mentioned only the prescription pills. Why should he have put the aspirin into the medical report? Because no matter how routine a treatment may seem to

a doctor, it could help determine the client's financial recovery for "pain and suffering."

¶ In treating a child who had been bitten by a dog, a doctor gave his young patient a tetanus injection as routine protection. The child became violently ill from the reaction. Yet the tetanus injection was never mentioned in the medical report.

The moral: *Any* treatment could be of vital legal importance to a patient. (By the way, if you recommended treatment or tests by other doctors, note this fact down, too. And explain why any such referral seemed necessary.)

5. Your report should mention continuing disabilities, defects, or scarring.

For example, describe the size, location, and extent of a scar. Be sure to say whether or not you have advised the patient to consider plastic surgery. If you suggest such a step to the patient but fail to say so in the medical report, the attorney may not be able to include the cost of future surgery when arriving at a settlement figure. *More►*

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the
tense
and
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patient



relief comes fast and comfortably

- does not produce autonomic side reactions
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MEDICOLEGAL REPORTS

6. Your report should make a prognosis.

If you believe the patient is still suffering as a result of the accident, indicate how long you estimate that this will continue. If there's a possibility of permanent disability, be especially sure to say so.

This can be particularly important in a suit that involves a minor child. Once the court approves a proposed settlement, the minor is barred from seeking further awards—even though his injuries might some day prove to be more serious than reported at first.

What if it's too early for a

prognosis? In that case, don't guess at one. It's better to report that you're withholding your prognosis pending future examinations.

Why It's to Your Benefit

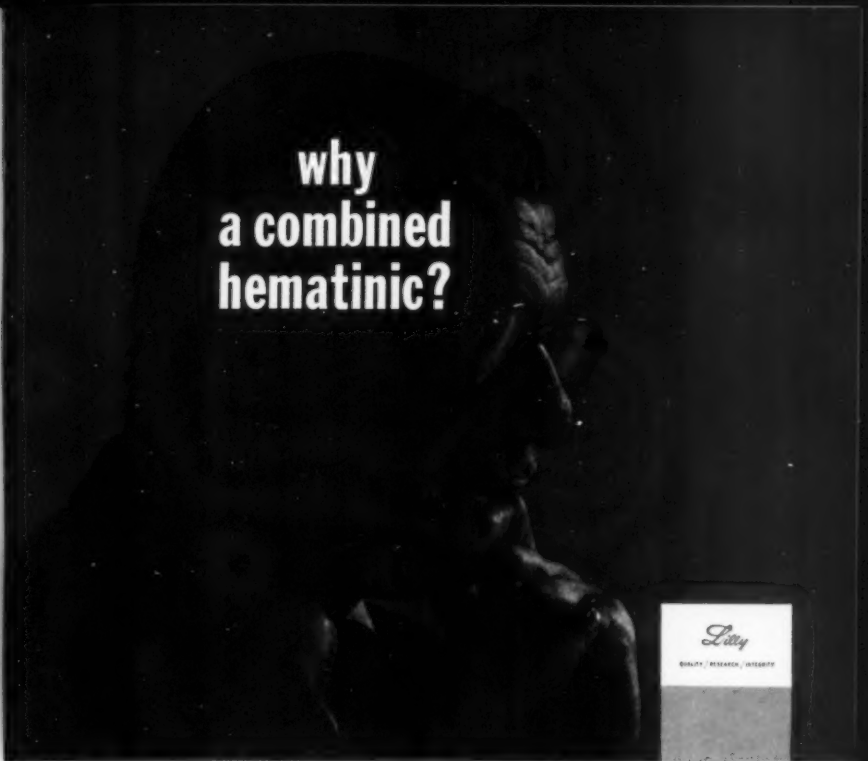
How long should your report be? It depends on the situation and on how much you have to cover. All the attorney expects from you is a *complete* report—one, please, that doesn't take weeks (and many telephone calls) to obtain. Remember that by doing a thorough job, you may greatly increase the chances of settlement out of court; but a vague and ambiguous report can lead to argument—and often to a trial. So the time you spend on doing a finished job may save you a trip to court.

Don't hesitate to ask the attorney for help. If necessary to save your time, ask him to visit your office for a conference. He'll be glad to.

Finally, he'll be grateful if you submit your report in triplicate, and if you accompany it with an up-to-date statement of your to-

More on 170





why a combined hematinic?



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both blood picture and patient respond to **TRINSICON®**

Investigators^{1,2} have determined that low serum iron may be accompanied by insidious vitamin B₁₂ deficiencies which result from subnutrition, increased demand, or lack of intrinsic factor. Coexisting vitamin C deficiencies also have been found.³

These studies suggest that an anemia may be multiple in nature—that optimum results would be derived from a combination of therapeutic agents.

Trinsicon offers therapeutic quantities of all known hematinic factors. Prescribe two Pulvules® daily to provide assured response in all treatable anemias.

Trinsicon® (hematinic concentrate with intrinsic factor, Lilly)

1. A. M. A. Arch. Int. Med., 99:346, 1957.

2. Am. J. Obst. & Gynec., 70:1309, 1955.

3. Lancet, 1:448, 1957.

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(propionyl erythromycin ester, Lilly)
WORKS
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NEW ILOSONE® 125 LAURYL SULFATE SUSPENSION

(propionyl erythromycin ester lauryl sulfate, Lilly)

Deliciously flavored • Decisively effective • Exceptionally safe



FORMULA

Each 5-cc. teaspoonful provides Ilosone Lauryl Sulfate equivalent to 125 mg. erythromycin base activity.

USUAL DOSAGE

10 to 25 pounds	5 mg. per pound of body weight	} every six hours
25 to 50 pounds	1 teaspoonful	
Over 50 pounds	2 teaspoonfuls	

In more severe infections, these dosages may be doubled.

SUPPLIED in bottles of 60 cc.

NEW! ILOSONE DROPS

LAURYL SULFATE



Formula: Each drop provides Ilosone Lauryl Sulfate equivalent to 5 mg. erythromycin base activity.

Supplied in bottles of 10 cc.

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MEDICOLEGAL REPORTS

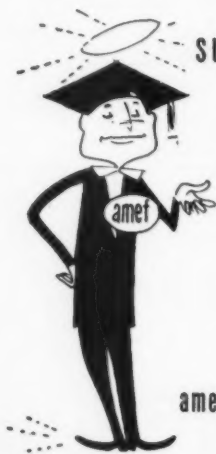
tal fee for the service: your charge both for preparation of the medical report and for any conferences that were needed along the way.

Your right to this fee is well established. As the National Interprofessional Code for Physicians and Attorneys puts it: "The physician is entitled to reasonable compensation for time spent in conferences, preparation of medical reports, and for court or other appearances . . ."

It's up to you to decide what you believe to be a fair fee in a

given case. In our part of California, doctors usually set their fees from \$25 to \$50, regardless of the length of the document. Sometimes, though, my husband's law firm has paid as high as \$100 for a medical report.

Your patient knows you're a busy man. His attorney knows it, too. But they both need your help in personal injury litigation and are willing to pay for it. It's a rare attorney who won't pay more for a prompt and adequate report than for a slow and slovenly one. END



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Every practicing physician has heard the appeal of the medical schools for desperately needed financial support. The American Medical Education Foundation has an annual quota of \$2,000,000 to be subscribed by practicing physicians.

Considering direct gifts, contributions through their Alma Mater and Alumni Committees and through the American Medical Education Foundation, this 2 million dollars has been greatly exceeded.

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"Primary or secondary nutritional disorders produce or complicate all the problems of the sick."¹ Patients undergoing any prolonged convalescence will recover faster with potent nutritional supplementation.

Mi-Cebrin T supplies *therapeutic* quantities of vitamins and minerals plus intrinsic factor—the "B₁₂ absorption booster" of special value to those elderly patients whose ability to absorb vitamin B₁₂ may be impaired. For your convalescing patients—prescribe one or more Tablets Mi-Cebrin T a day.

Mi-Cebrin T® (vitamin-minerals therapeutic, Lilly)

1. Spies, T. D.: Some Recent Advances in Nutrition, J. A. M. A., 167:675, 1958.

LILLY VITAMINS... "THE PHYSICIAN'S LINE"

000310

Your Stake in the Biggest Health Insurance Program

Before July, U.S.-subsidized health insurance will be offered to 4,000,000 more persons. Here's how the kind they choose will affect your fees

By Hugh C. Sherwood

"The way the Federal workers choose," says one state medical society spokesman, "is likely to be a tip-off to the future pattern of insured medical care in America."

He's talking about the big new health insurance program for U.S. Government employees and their families. Authorized in the closing hours of the 1959 session of Congress, this program is just now beginning to take shape.

Actually, it's taking four shapes, and Federal workers are

being offered their choice. How they choose may well influence your future fees.

For example, one choice they're being offered is broad full-service coverage under Blue Cross and Blue Shield.* If you treat those who pick this program, you'll have to accept the scheduled fees as payment in full—provided the patient's in-

*Except in areas where Blue Shield doesn't offer service benefits. Here the Federal workers who pick Blue Shield will have to settle for indemnity benefits—local option having won over the need for a uniform contract.

controls

pain

congestion

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infection

V-KOR® ...provides relief in respiratory infections

1. fights infection—V-Cillin K® quickly produces higher blood levels than any other form of oral penicillin.

2. relieves congestion—Co-Pyronil™ affords rapid and prolonged antihistaminic action plus vasoconstriction.

3. reduces fever and pain—A.S.A.* Compound provides analgesic and antipyretic action.

DOSAGE: Two V-Kor tablets contain the usual therapeutic dose for adults. Repeat every six or eight hours.

SUPPLIED: In attractive green-white-yellow, three-layered tablets.

V-Kor® (penicillin V potassium compound, Lilly) • V-Cillin K® (penicillin V potassium, Lilly) • Co-Pyronil™ (pyrrobutamine compound, Lilly) • A.S.A.* Compound (acetylsalicylic acid and acetophenetidin compound, Lilly)

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HEALTH INSURANCE

come doesn't exceed a certain amount that is still to be stipulated.

Another choice they're being offered is "semi-comprehensive" commercial coverage. Federal workers who pick this program can be charged your usual fees. They'll be reimbursed by the insurance company to the tune of 75 or 80 per cent, after they've paid a modest deductible.

Two other choices open to the Federal workers may shut you out altogether. They can sign up with a group practice prepayment plan; or they can go along with an existing health plan if their own office is now operating one. If the latter happens to be

non-free-choice, no fees for you in that case.

This four-way choice is being presented to almost all Federal employes, an estimated 1,800,000 of them. The idea is to make available to them, starting in July, the lower costs and extra benefits of subsidized group coverage. Only major Government groups to be excluded from the new program: uniformed personnel of the military services and employes of the T.V.A.

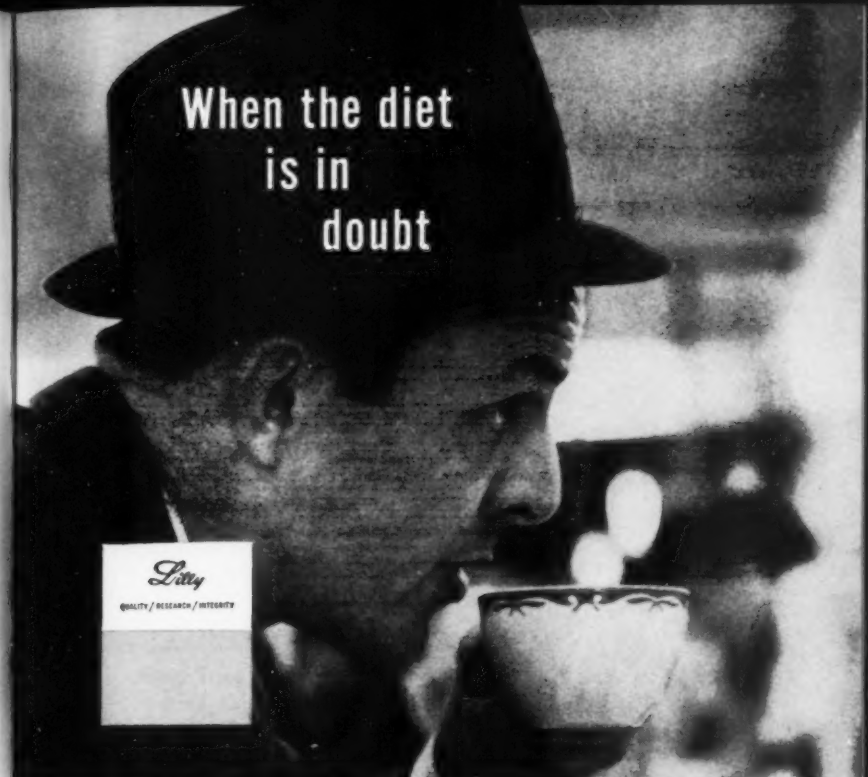
What are the financial stakes?

The total annual cost is estimated at \$222,000,000, with the Government and the workers to share the expense. Premiums for the different plans that will be

THE TEN AREAS MOST AFFECTED

A huge majority of the 1,800,000 Federal civilian employes are expected to buy health insurance under the U.S.-subsidized program that goes into effect next July. Where are they? According to U.S. Department of Commerce figures for late 1958, heaviest concentrations are in these ten areas:

California (235,000); District of Columbia (228,000); New York State (183,000); Pennsylvania (131,000); Texas (114,000); Illinois (97,000); Ohio (90,000); Virginia (68,000); Massachusetts (60,000); Alabama (57,000).



When the diet
is in
doubt

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MULTICEBRIN®... day-to-day multiple vitamin protection for your "well" patients

Excellent nutrition is basic to good health. Yet many busy adults, even those who can afford to eat substantially, "... subsist on diets that are inadequate in vitamin content to meet their requirements. To protect them against the development of vitamin deficiencies, it is necessary to resort to the use of supplemental vitamin therapy, in addition to diet instruction and nutrition education."¹

Multicebrin provides comprehensive vitamin supplementation. Its formula is carefully standardized to meet the most rigid specifications for potency and stability. Protect your patients whose diets are in doubt by prescribing one Gelseal® Multicebrin a day.

1. Goodhart, R. S.: Vitamin Therapy Today, M. Clin. North America, 40:1473, 1956.

Multicebrin® (pan-vitamins, Lilly)

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HEALTH INSURANCE

made available haven't yet been set. But the Government has agreed to pay up to a maximum of about \$2.75 monthly as its share of individual coverage and \$6.50 monthly toward family coverage. The employee will make up the difference.

Let's take a closer look at the pros and cons of the various choices from the Federal workers' point of view:

1. *They may use the Government's money to buy Blue Cross*

and Blue Shield—on a service basis, if they can get it—with major medical coverage.


Will a sizable number of Government employees vote for Blue coverage? It's too early to be sure. True, the Blue plans already cover some 750,000 Government employees who signed up for policies on their own. But how will this fact influence the 1,800,000 who are now being permitted to choose Government-subsidized health coverage

PRIVATE MEDICINE ON TRIAL

Commenting on the new health insurance program for Federal workers, James E. Bryan, an independent consultant on prepayment plans, says:

"What we have here is essentially a Federally subsidized plan of medical care for a tremendous segment of people whose whole support comes out of the taxpayer's pocket. The Government's responsibility for, and interest in, the welfare of these career servants is far more immediate and absolute and direct than in the case of temporary servicemen or even of the veterans.

"If private medicine was ever on trial before the taxpayers and the general public, it is in this case. If ever there was a need for medicine to demonstrate its primary dedication to the interests of the patient and the welfare of the public, it is in its approach to the care of Federal employees. If ever there was a time for medicine to prove its capacity for self-discipline and economic restraint, it is now."



sleep
without
stupor

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**VALMID® the reliable nonbarbiturate sedative
with a four-hour span of action**

Valmid speeds your patient across the threshold of sleep. Its remarkably short sedation soon subsides, permitting normal, drug-free sleep and an alert arising. Valmid is notably safe, even in patients with liver or kidney damage, for whom barbiturates may be contraindicated.

Prescribe 1 or 2 tablets to be taken about twenty minutes before bedtime.

Valmid® (ethinamate, Lilly)

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HEALTH INSURANCE

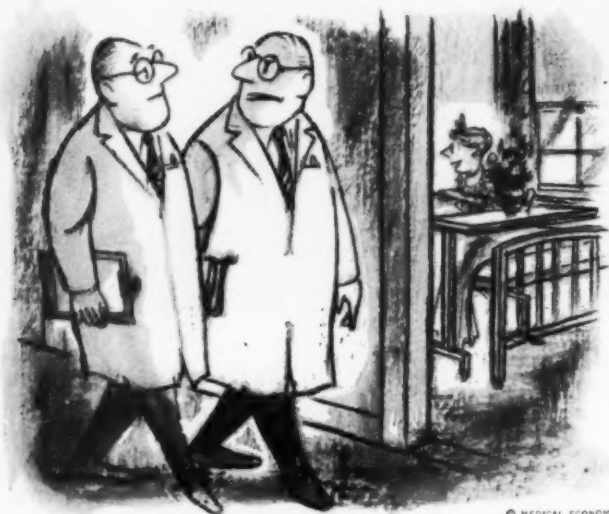
for themselves and their families? A Blue Shield officer says cautiously:

"When the scramble for Government employes is over, the Blue plans hope they'll find themselves insuring at least 40 per cent."

Though an employee who does decide to enroll with the Blue plans will get both basic and major medical coverage, he

needn't stop there. He'll be allowed to choose somewhat more extensive Blue coverage if he wants it—at higher cost to himself. And in some areas, it'll be his first opportunity to buy service coverage. Reason: The new nationally uniform family income ceiling (probably \$6,000) will be higher than that in some plans' present contracts.

2. *They may use the money*



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CARTOON: JOSEPH G. FARRIS
CAPTION: R. A. WILLITS, M.D.

"We've got to be careful, Hartley. Did you see all those Reader's Digests on her bedstand?"

asthmatic,
yes...
invalid,
no



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AMESEC™ provides continuous relief

Around-the-clock Amesec protection permits the asthma patient to enjoy even the more vigorous forms of activity. One Pulvule® three times a day and one Enseal® (timed disintegrating tablet, Lilly) at bed-

Amesec™ (aminophylline compound, Lilly)

time usually give him a symptom-free day and a good night's sleep.

Each Pulvule or Enseal provides:

Aminophylline	130 mg.
Ephedrine Hydrochloride . . .	25 mg.
Amytal® (amobarbital, Lilly) .	25 mg.

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The squeeze of modern diuretics eliminates excess fluids — but loss of potassium is unavoidable

It must be replaced.

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READILY
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REMARKABLY
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AVOIDS
UNCERTAINTIES OF
ENTERIC-COATED
TABLETS AND
DANGERS OF
INTRAVENOUS
POTASSIUM

A tablespoonful of KAON Elixir twice daily (30 cc.) supplies the normal daily potassium requirement (38.4 mEq.)—approximately equal to the elemental potassium in one fifth gallon of orange juice. One teaspoonful (5 cc) = 6.4 mEq. of K in 500 mg. KCl.

**WITH ADRENAL CORTICOID THERAPY,
KAON IS USEFUL IN PREVENTING
POTASSIUM DEPLETION.**

References: W. J. Kolff, "Acute Renal Failure: Causes and Treatment," *The Medical Clinics of North America*, 30:1052 (July 1955).
Peter Forsham, "Symposium on Adrenal Corticoid Therapy," *Metabolism*, 7:19 (Jan. 1958).

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PHARMACEUTICALS

HEALTH INSURANCE

for either limited or semi-comprehensive commercial health insurance, to be purchased under a Government-wide contract.

Semi-comprehensive policies cover more services than any other type. (For example, they cover prescriptions and home visits, as a rule.) But of course such policies cost more. How many of the Government workers will be ready to shell out their share of the higher costs? That remains to be seen.

Such policies generally require the patient to pay a deductible of \$25 or \$50 each year before he can get benefits. He must also pay co-insurance amounting to 20 or 25 per cent of the remainder of his bills.

More specifically, here's what such a policy *might* offer those patients among the Federal group who choose it. The description, furnished by C. Manton Eddy of the Connecticut General Life Insurance Company, is of a fairly typical semi-comprehensive policy.

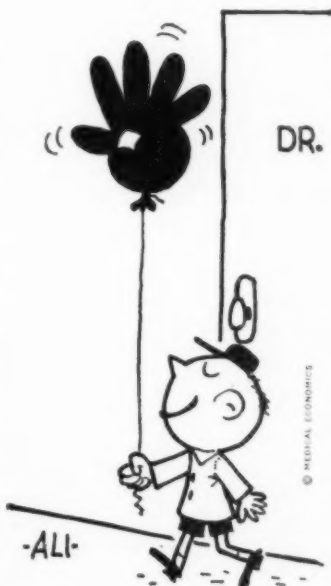
¶ It would pay the first \$1,000 in charges for room and board in semi-private hospital accommo-

dations, plus 80 per cent of the bill thereafter.

¶ It would pay 80 per cent of the charges for both in- and out-of-hospital medical services up to \$15,000 yearly, after the patient has paid a \$50 deductible.

¶ It would make a lump-sum payment of \$200 for pregnancy care, with no deductible or co-insurance required.

More on 184



announcing

the keystone in a new and

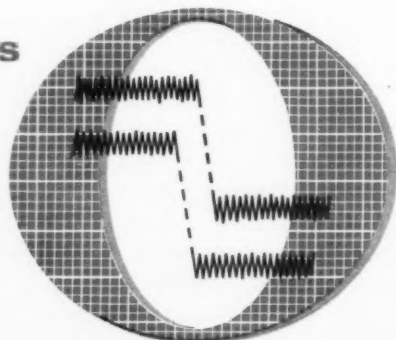
OSTENSIN is a new oral ganglionic-blocking agent of significance to every physician who treats hypertensive patients. The sympathetic blockade produced with OSTENSIN lowers systolic and diastolic blood pressure with predictable effectiveness and yet—because of minimal parasympathetic action—with fewer and less severe by-effects.^{1,2,3} OSTENSIN offers further advantages in oral administration, low dosage, smooth and prolonged antihypertensive action, prompt onset, no evidence of inherent toxicity, and rare drug tolerance.³

OSTENSIN, used with chlorothiazide or its derivatives, provides a superior new antihypertensive regimen^{1,2,3,4} with reduced dosage, by-effects further decreased, and maximal clinical benefits.

OSTENSIN is indicated in diastolic hypertension. (Diastolic hypertension is defined as "... the elevation of diastolic blood pressure to 90 mm. Hg or above."⁵)

COMPREHENSIVE LITERATURE SUPPLIED ON REQUEST

TABLETS



Philadelphia 1, Pa.

OSTENSIN is the registered trademark
for Trimethidinium Methosulfate, Wyeth.

effective antihypertensive regimen

BY-EFFECTS OF THREE OTHER GANGLIONIC-BLOCKING AGENTS^{6,7,8} COMPARED WITH THOSE OF OSTENSIN^{1,9}

	Other Agents	OSTENSIN
Constipation	59-69% of patients	5% of patients
Postural hypotension	33-59% of patients	37% of patients
Visual disturbances	42-50% of patients	34% of patients
Dry mouth	38-41% of patients	15% of patients

"Of particular interest has been the virtual absence of constipation despite adequate blood pressure control. This finding suggests a lower risk of paralytic ileus. . . ."¹

Supplied: Tablets, scored, 20 and 40 mg., vials of 100.

1. Dunsmore, R.A., et al.: Am. J. M. Sc. 236:483 (Oct.) 1958. 2. Blaquier, P., et al.: Univ. Michigan M. Bull. 24:409 (Oct.) 1958. 3. Smirk, F.H.: Submitted for publication. 4. Jannev, J.F.: Submitted for publication. 5. Council on Drugs, A.M.A.: J.A.M.A. 166:640 (Feb. 8) 1958. 6. Freis, E.D., and Wilson, I.M.: Circulation 13:856 (June) 1956. 7. Moyer, J.H., et al.: A.M.A. Arch. Int. Med. 98:187 (Aug.) 1956. 8. Moyer, J.H., et al.: Am. Pract. & Dig. Treat. 7:1765 (Nov.) 1956. 9. Dunsmore, R.A. In Tislow, R.F., et al.: Scientific Exhibit. Presented at Annual Convention of A.M.A., San Francisco, June 23-27, 1958.

stensen[®]

Ganglionic blockade with fewer and milder by-effects

HEALTH INSURANCE

¶ It would exclude coverage only for certain "extras": cosmetic surgery, periodic check-ups, hearing aids, eyeglasses, etc.

3. *They may use the Government's money to beef up an already existing office-wide or department-wide health insurance program.*

Such health programs are now serving, among others, the American Federation of Government Employees and the National Association of Letter Carriers. But only a minority of Federal workers are covered by existing plans of this type.

Money for Closed Panels

4. *They may use the Government's money to join a group practice prepayment plan.*

Here's the possibility that will give many a private practitioner pause. The Government will subsidize employees who sign up with closed-panel plans like New York's Health Insurance Plan (H.I.P.) or California's Kaiser Foundation Plan. No telling yet how many will—but the competition should be interesting.

In this free-for-all over rival

health insurance plans, the umpire will be the Civil Service Commission's newly formed Bureau of Retirement and Insurance. Comments David F. Lawton, assistant director of the bureau:

"We're setting up certain stipulations that the various insurance plans will have to meet. In general, however, the plans will be left free to determine the exact benefits they'll offer, what the benefits will cost, how the no-fee-schedule coverage will be kept free of abuses, etc."

The scramble should start by about June. That's when the 1,800,000 Federal workers will get their first chance to enroll in the plan of their choice.

Doctors Will Be Busier

Whatever the outcome, physicians in a number of states stand a good chance of feeling the effects of the spending fast. (For the states with the most Federal employees, see the box on page 174.) It appears certain that many patients who haven't felt able to afford certain health care will soon be seeking it. END

"For my patients who need a laxative, I recommend Caroid and Bile Salts Tablets. They relieve constipation gently and help to avoid straining. This is particularly important in cardiac and postsurgical patients."



Caroid & Bile Salts Tablets

The combined action of the principal ingredients in Caroid and Bile Salts Tablets provides 3-way, physiologic relief of constipation. Caroid® — potent proteolytic enzyme for improved protein digestion. Bile salts — choleric for treatment of biliary stasis; hydrotropic for soft, well-formed stools.

Stimulant — to improve smooth muscle tone, restore regularity.

Dosage: 1 or 2 Caroid and Bile Salts Tablets should be taken with at least 1 glass of water about 2 hours after breakfast and at bedtime.

Samples on Request.

American Ferment Co., Inc., 1450 Broadway, New York 18, N. Y.

a safe, new way to prevent
chronic HEADACHE



more effective than other drugs tested for the management of chronic or recurring headache

When SOMA was used prophylactically, "the frequency and/or severity of the attacks were decreased significantly in 73 per cent" with "severe and tenacious" tension headache.* These patients "were selective in that they did not respond satisfactorily to previous medical . . . treatment."¹

RESULTS WITH SOMA

<i>Therapy</i>	<i>Per Cent Improved</i>
SOMA	73
All drugs previously tested (average) [†]	56
Placebo.....	50

(Total cases: 60)

[†]Includes analgesics, antihistamines, CNS stimulants, hormones, sedatives, vasodilators, vasoconstrictors.

FOR PROPHYLAXIS OF CHRONIC HEADACHE: one 350 mg. tablet, q.i.d.; maximal effect is obtained in 3 to 5 days. To treat chronic headache: use a routine analgesic; at the same time start prophylactic treatment with SOMA.

SUPPLY: White, coated 350 mg. tablets, bottles of 50. Also available for pediatric use: orange, 250 mg. capsules, bottles of 50.

1. Friedman, Arnold P.: Clinical Application of Carisoprodol in the Treatment of Chronic Headache. Proceedings of the Symposium on the Pharmacology and Clinical Usefulness of Carisoprodol, Wayne State University Press, Detroit, 1959. p. 115.

SOMA^{T.M.}

(carisoprodol Wallace)

The only drug combining analgesia with muscle relaxation in a single molecule
Literature and samples on request

*SOMA has not been found effective in migraine.

WALLACE LABORATORIES, NEW BRUNSWICK, NEW JERSEY

New Push for Professional Independence

The battle's beginning again between hospitals and their staff physicians. The physicians' A.M.A.-approved aim: to stop the sale of their services by the hospital for a fee

By John R. Lindsey

In the next few months you're going to be hearing a lot more about the conflict between hospitals and physicians. The fight's on again. But this time it's broader in scope.

It's not simply the old battle for control of radiology and pathology services. This time the battle "affects all physicians and medical practice," according to Dr. Russell A. Nelson, the new American Hospital Association president. "Hospital service is medical and is becoming increasingly so," adds Dr. Nelson. "For instance, expansion of out-patient, diagnostic, and other services must occur in our hospitals." This new development "requires

some new approaches" to hospital staff problems.

One new approach came last month in Dallas—and it's not at all what Dr. Nelson had in mind. At their midwinter meeting, the A.M.A. delegates called off the latest national agreement between the A.M.A. and the A.H.A. concerning doctors on hospital payrolls.

Then they revived a 9-year-old pronouncement that says a doctor's in trouble ethically if he "permits the sale of his services" by a hospital.

Since the Dallas meeting, a good many doctors have been asking: "What's the fight all a-

More on 192

now...correct depression
safely and rapidly in everyday
office practice

Nardil™



MORRIS PLAINS, N.J.

brand of phenelzine dihydrogen sulfate

restores your depressed patient to purposeful reality

safely: No significant reports of toxicity to liver, kidneys, or blood in thousands of cases to date.

rapidly: Antidepressant activity within the first few days; complete recovery occurs within 2 to 6 weeks.

correctively: Removes the depression itself, does not merely mask the symptoms as do tranquilizers and sedatives.

Nardil is indicated in the office treatment of all mild to severe depressions. It is useful in those related to childbirth, menopause and old age; for depressions caused by stress situations; when there is a past history of depressed periods, and in depressions associated with chronic diseases such as angina pectoris and rheumatoid arthritis.

Dosage: One tablet three times a day.

The above dosage should be maintained until remission of symptoms is achieved which may require 2 to 6 weeks. Dosage should then be reduced to a maintenance level of one or two tablets a day.

Supplied: 15 mg. orange-coated tablets, bottles of 100.

References: 1. Sainz, A.: *Ann. New York Acad. Sc.* 80:780, Art. 3 (Sept. 17) 1959. 2. Thal, N.: *Dis. Nerv. System* 20:197 (May, Pt. 1) 1959. 3. Saunders, J. C., Kline, N. S., et al.: *Am. J. Psychiat.* 116:71, 1959. 4. Arnov, L. E.: *Clinical Med.* 6:1573, 1959. 5. Dickel, H. A., et al.: *Clinical Med.* 6:1579, 1959. 6. Dunlop, E.: *Rhode Island M. J.* 42:656, 1959. 7. Sainz, A.: *Dis. Nerv. System* 20:537, 1959. 8. Sarwer-Foner, G. J., et al.: *Canad. M.A.J.* (in press) 1959. 9. Hobbs, L. E.: *West Virginia M. J.* (in press) 1959. 10. Dunlop, E.: *Dis. Nerv. System* (in press) 1959.

BA-OP01



SYMPOSIUM REPORT:

ALTAFUR in surgical (soft tissue) infections

In a series of 159 patients with various surgical infections (cellulitis, abscess, wound infections), ALTAFUR was employed with eminently satisfactory results. The incidence and magnitude of surgery were considerably reduced, and when surgical intervention was necessary it could be delayed until the inflammatory process had receded or become localized.

Excellent therapeutic response was obtained in patients with infections due to coagulase positive *Staphylococcus aureus*, beta hemolytic *Streptococcus*, and *Escherichia coli*; these organisms were uniformly susceptible to ALTAFUR in vitro. An insensitive strain of *Pseudomonas aeruginosa* was isolated from the single patient who failed to respond.

The majority of patients received ALTAFUR 100 mg. four times daily per os.* Duration of treatment ranged from 4 to 30 days, averaged 6 days. There was no clinical or laboratory evidence of toxicity in any case, and ALTAFUR was well tolerated by all but 1 of the 159 patients.

Frigot, A.; Felix, A. J., and Mullins, S.: Paper presented at the Symposium on Antibacterial Therapy, Michigan and Wayne County Academies of General Practice, Detroit, Sept. 12, 1959 (published Nov. 1959).

*Experimental dosage (see dosage recommendations adjacent)

bright new star
in the antibacterial firmament

ALTAFUR^{T.M.}

brand of furaltadone

the first nitrofuran effective orally
in systemic bacterial infections

- Antimicrobial range encompasses the majority of common infections seen in everyday office practice and in the hospital
- Decisive bactericidal action against staphylococci, streptococci, pneumococci, coliforms
- Sensitivity of staphylococci in vitro (including antibiotic-resistant strains) has approached 100%
- Development of significant bacterial resistance has not been encountered
- Low order of side effects
- Does not destroy normal intestinal flora nor encourage monilial overgrowth (little or no fecal excretion)

Tablets of 50 mg. (pediatric) and 250 mg. (adult)

Average adult dose: 250 mg. four times a day, with food or milk

Pediatric dosage: 22-25 mg./Kg. (10-11.5 mg./lb. body weight daily in 4 divided doses)

Caution: The ingestion of alcohol in any form, medicinal or beverage, should be avoided during Altafur therapy and for one week thereafter.

NITROFURANS—a unique class of antimicrobials
EATON LABORATORIES, NORWICH, NEW YORK

PUSH FOR INDEPENDENCE

bout? Why has it flared up at this time? Just what did the A.M.A. decide? And what'll it mean in my hospital?"

I'll try to give you the answers I've collected, minus the pious platitudes. Let's take it for granted that both hospitals and physicians are working "for the ultimate benefit of patients," as a dozen A.M.A. resolutions pointed out. But let's also recognize that the way in which hospitals and physicians work together has

taken a turn for the worse—at least as many private practitioners see it.

Their practices have become "hospital-oriented." Their hospitals have more and more to say about what staff doctors do. Sometimes their hospitals even compete with them through expanded out-patient and diagnostic services. "The hospitals are practicing medicine!" said many a doctor at Dallas. What he real-

More on 197



"Now get back on the couch!"



Before Esidrix:
Weight 176 lbs.

Esidrix ^{T.M.}
(hydrochlorothiazide CIBA)



After 19 Days on Esidrix:
Weight 149 lbs.

Supplied: Esidrix Tablets, 25 mg. (pink, scored) and 50 mg. (yellow, scored); bottles of 100 and 1000.

Record of patient at a leading New York City Hospital. Photos used with permission of the patient. 2/27/59



27 pounds lost in 19 days; ascites and pedal edema reduced with Esidrix

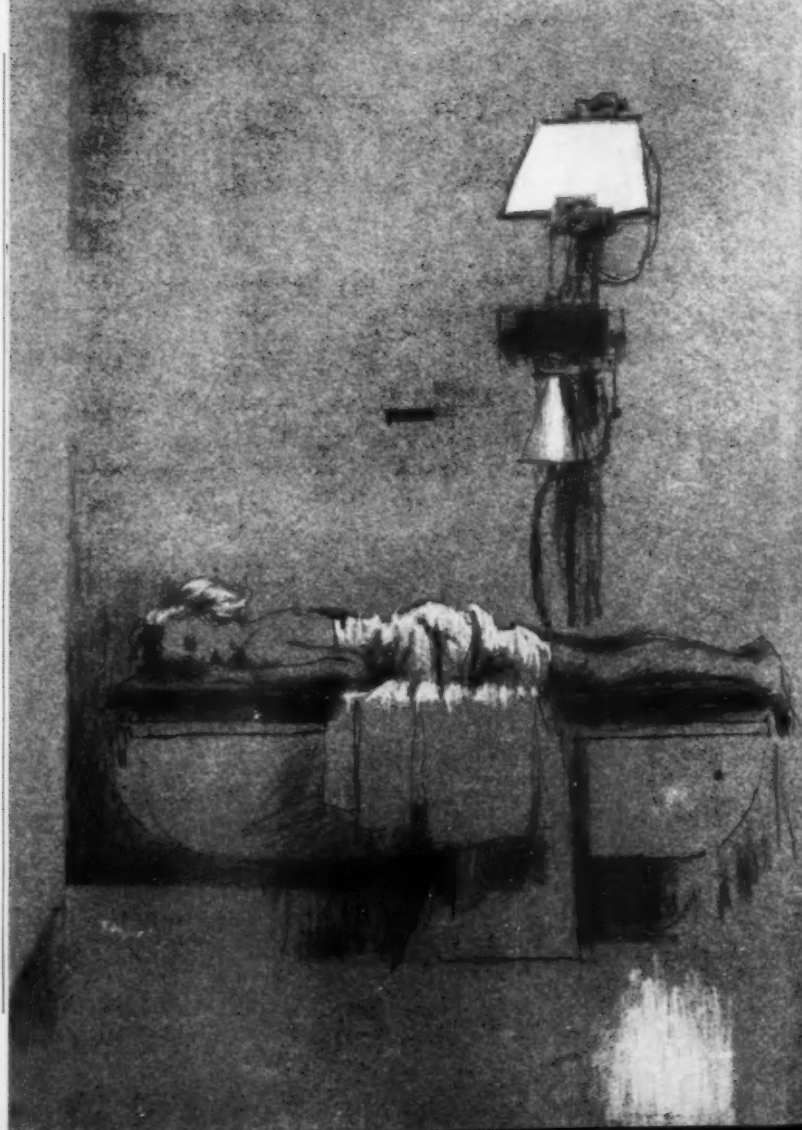
pre-eminently effective
whenever diuresis is desired

*Indicated in: congestive heart failure
nephrosis and nephritis toxemia of pregnancy
premenstrual edema edema of pregnancy
steroid-induced edema edema of obesity.*

H. K., 44 years old, with history of heavy drinking. Previously hospitalized in 1954, with diagnosis of Laennec's cirrhosis. Admitted on 3/3/59, patient complained of swollen abdomen, swelling in both legs and exertional dyspnea.

Findings: Abdomen enlarged in girth with definite fluid wave; liver palpated 4 fingerbreadths below the costal margin; pedal edema (4+). Patient not in acute distress. Blood pressure, 140/80 mm. Hg; pulse, 112/min.; respiration, 20/min.

Treatment: Mercurial diuretic on 3/3 and 3/4, followed by Esidrix, 50 mg. b.i.d., from 3/5 to 3/23 when patient signed out of hospital. Esidrix induced copious diuresis resulting in almost complete disappearance of edema.



Nilevar® Combats Osteoporosis in Menopause or Hypercorticism

Since osteoporosis is a disease not of calcium deficiency but primarily of deficient formation of the protein bone matrix¹, the protein-building action of Nilevar (brand of norethandrolone) provides a rational and highly useful means of promoting osteogenesis.

Typically, subjective symptoms such as backache disappear promptly in osteoporotic patients treated with Nilevar. Objectively, the anabolic effects of the drug may be measured in the lessened excretion of nitrogen, calcium, potassium and also phosphorus.

These actions appear to be equally effective²⁻⁵ whether the osteoporosis originates in the postmenopausal or senile metabolic deficiencies of women or in the catabolic reaction to extended treatment with corticosteroids. An added advantage to the use of Nilevar in osteoporosis is that the drug promotes a retention of calcium and so serves both the primary work of the osteoblasts and the secondary process of recalcification.

An initial adult dosage of 10 mg. three times a day may be continued for two or three weeks and then reduced in accordance with the response of the patient. Single courses of continuous treatment should not exceed three months, but may be resumed after a rest period of one month.

Nilevar is supplied as tablets, for oral dosage, of 10 mg. each and as ampuls of 1 cc. for intramuscular injection, each ampul containing 25 mg. of the drug in sesame oil and 10 per cent of benzyl alcohol by volume.

G. D. SEARLE & CO. Research in the Service of Medicine.

1. Ibarra, J. D., Jr.: Osteoporosis, *Texas J. Med.* 52:20 (Jan.) 1956. 2. Spencer, H., Berger, E., Charles, M. L., Gottesman, E. D., and Laszlo, D.: Metabolic Effects of 17-Ethyl-19-Nortestosterone in Man, *J. Clin. Endocrinol.* 17:975 (Aug.) 1957. 3. Snapper, I.: Bone Diseases in Medical Practice, New York, Grune & Stratton, Inc., 1957, p. 18. 4. Spurr, C. L., Curd, G. W., Jr., and Moyer, J. H.: Newer Anti-Inflammatory Steroids: Mechanisms of Action and Therapeutic Applications, *GP* 15:105 (May) 1957. 5. Editorial: Tissue Building and Protein Anabolizers, *Brit. M. J.* 2:785 (Sept. 27) 1958.

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for maximum convenience

CARNALAC is a standard Carnation Evaporated Milk formula, as usually specified—in convenient, ready-prepared form. The mother just adds water.*



for maximum flexibility and economy

Most adjustable, when individualized formula is indicated. Most economical, an important factor for many young parents.



*Diluted 1:1, new Carnalac provides protein 2.8%; carbohydrate 7.1%; 3.2% fat; 400 I.U. Vitamin D per reconstituted quart; 20 calories per oz. The carbohydrate of Carnalac diluted 1:1 consists of 4.9% lactose from the milk, plus 2.2% added maltose-dextrin syrup (approximately 5 parts maltose, 3 parts dextrins).

PUSH FOR INDEPENDENCE

ly meant was that the hospitals are exercising economic control over more and more medical services.

So the fight concerns such things as salaries paid to staff doctors. "Are they being ethical in permitting a hospital to sell their services for a fee?" asked one A.M.A. delegate last month.

'It's Fee Splitting'

The fight also concerns percentage deals between hospitals and staff specialists. "It's an indirect form of fee splitting," the

American College of Radiologists announced recently, "when physicians bargain for positions [in hospitals] on the basis of financial return."

The fight involves even personnel and equipment. Dr. Vincent W. Archer of Charlottesville, Va., told the A.M.A. delegates last month: "I'm not interested in dollars and cents, or I wouldn't have stayed for thirty-five years as the head of a department of radiology in a university. But I am interested in the quality

More on 200

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NEW
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RELAXANT

CARISOPRODOL

-EASES MUSCLE
SPASM & PAIN IN
SPRAINS, STRAINS,
LOW BACK PAINS

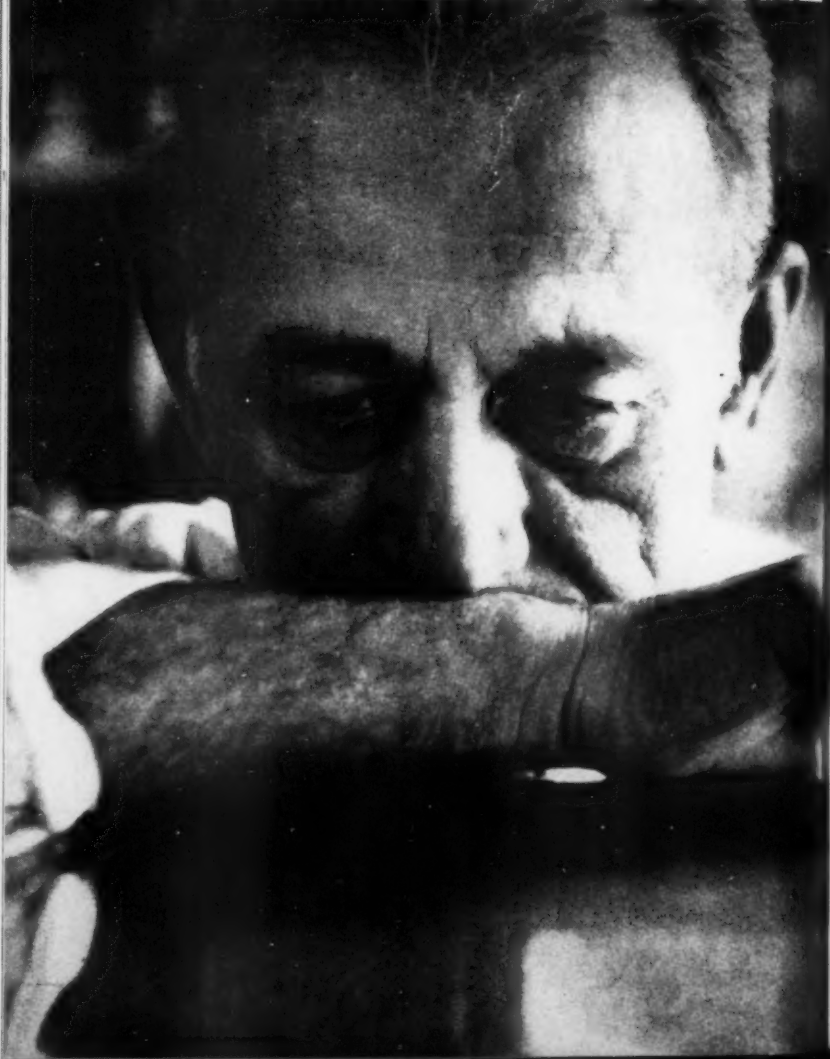
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^{*}MYOGESIC
muscle
relaxant - analgesic

Schering

IN ARTHRITIS: FOR THE



THE FEAR AND THE AFFLICTION

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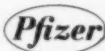
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Proved clinical record in corticosteroid therapy • Tranquilizing and muscle-relaxant effects¹ of hydroxyzine enhance prednisolone efficiency • Often permits lower corticoid doses²⁻⁴ • Anti-secretory action⁵ of hydroxyzine minimizes gastric side effects

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1. Hutcheon, D. E., et al.: Paper presented at Am. Soc. Pharmacol. & Exper. Therap., Nov. 8-10, 1956. French Lick, Ind. 2. Johnston, T. G., and Cazort, A. G.: Clin. Rev. 1:17, 1958. 3. Warter, P. J.: J. M. Soc. New Jersey 54:7, 1957. 4. Individual Case Reports to Medical Dept., Pfizer Laboratories. 5. Strub, I. H.: To be published.

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PUSH FOR INDEPENDENCE

of personnel and equipment. I think the medical staff, not the administration, should be the judge of it."

Why did these long-smoldering economic issues flare up at this particular time? Mainly, I think, because the American Hospital Association brought out a new policy statement last summer. It tossed around phrases like "hospital physician specialists" that made a lot of doctors in private practice burn.

The A.H.A.'s Position

"Hospitals have the responsibility for charges to patients for hospital services," the A.H.A. statement said. Then it spoke of "in-hospital monopoly situations" created by certain specialists—the A.H.A. called them "purveyors." And it added: "Someone besides the purveyor of the service must approve the charges to patients." In fact, it's "the responsibility of the hospital . . . to determine the charges for these hospital services."

What was behind this new unilateral statement? The A.H.A. said it was issued because the

specialty societies, notably in radiology and pathology, have "in all cases withdrawn their support" from previously-agreed-upon joint statements with the A.H.A.

It's true, I discovered, that the specialty societies have moved faster and further than the A.M.A. in defining their members' economic interest in this conflict. The College of American Pathologists says, for example, that contracts between hospitals and pathologists as of Dec. 6, 1958, "must preclude the sale of the services of a pathologist" by a hospital. The College also insists that "fees for the services of a pathologist . . . must include all costs incident to the provision of such services."

The 1959 ethics code of the American College of Radiology is also much more explicit than the A.M.A. code. According to the A.C.R., "the radiologist should establish his own fees, and the statement rendered for radiologic services shall name the radiologist."

By contrast, the A.M.A.'s Principles of Medical Ethics are

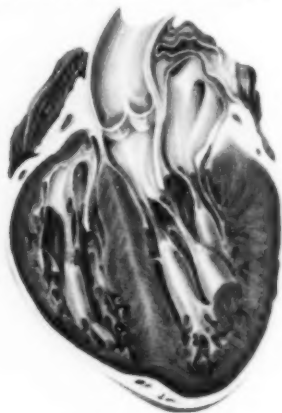
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(Ethchlorvynol, Abbott)

and the evidence mounts



Recent reports from three investigators describe a total of 322 patients treated with Harmony¹. Patients included those with hypertension, anxiety states, other psychiatric disorders and a selection of "general practice" patients. Figures from the combined reports^{1,2,3} show:

only 24 cases (7.4%) developed any degree of lethargy or drowsiness.

only 8 cases (2.5%) developed any degree of depression.

These findings are typical of those reported by other investigators in recent clinical studies. These investigators have been almost unanimous in pointing to deserpidine's relative lack of troublesome side reactions.

Here are some representative comments: First, from one of the studies quoted above—a double blind study involving 99 patients.

"There were certain outstanding features noted in this study with the use of deserpidine:

1. The drug had a much 'smoother' tranquilizing or relaxing effect . . .
2. The feeling of awareness and alertness was greatly improved . . .
3. Sleep-producing qualities when the patient went to bed were excellent . . .
4. Blood pressure in the hypertensive patient was lowered gently . . .
5. Abrupt discontinuation of the drug did not produce any noticeable side effects . . .

6. It was not necessary to increase the original dosage to get the desired effects . . .

7. In tension and anxiety states the chest pain and angina were helped greatly by the relaxing effect of deserpidine."¹

Another investigator reports: "While the results (with deserpidine) were qualitatively similar to those seen with reserpine in similar dosage ranges, side effects were much less frequent, very mild, and none severe enough to interrupt treatment."²

The third investigator reports: "From our own clinical observations it would appear that deserpidine is the most desirable compound among those presently available."³

1. Frohman, I. P., *Tranquilizers in General Practice and Clinical Evaluation of Deserpidine, an Alkaloid of Rauwolfia Canescens*, M. Ann., District of Columbia, 27:641, December, 1958.
2. Billow, B. W., et al., *The Use of a New Rauwolfia Derivative, Deserpidine, in Mild Functional Disturbances and Office Psychiatry*, New York J. Med., 59:1789, May, 1959.
3. Rawls, W. B., et al., *Clinical Experience with Deserpidine in the Management of Hypertension and Anxiety Neurosis*, New York J. Med., 59:1774, May, 1959.

Harmony[®]

(DESERPIDINE, ABBOTT)

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much softer. Section 6 reads: "A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill, or tend to cause a deterioration of the quality of medical care."

Too Soft for Them

Note that paragraph carefully, because the big news from Dallas is that the A.M.A. delegates just about burned up this section of the ethics code. They insisted on a return to much stronger principles. They reaffirmed the House of Delegates' 1951 interpretation of the so-called Hess Report. Its key paragraph:

"A physician should not dispose of his professional attainments or services to any hospital, corporation, or lay body by whatever name called or however organized *under terms or conditions which permit the sale of the services of that physician by such agency for a fee.*"

I've italicized the words that help explain the renewed fight

between hospitals and private practitioners. In endorsing these fighting words last month, the A.M.A. delegates made it clear that they *weren't* endorsing later modifications of this paragraph that had won A.H.A. approval in 1953. (The major modification then held that there was nothing wrong with a doctor's working for a hospital as long as he didn't accept "terms or conditions which permit exploitation of the patient, the hospital, or the physician.")

"Exploitation" isn't the real issue, the A.M.A. delegates said in effect; "sale of services" is. It's bad for a hospital to sell a doctor's services *whether anyone's exploited or not.*

A.M.A. Brass Criticized

They felt so strongly about this principle that last month's A.M.A. meeting took an unusual turn. Top-ranking A.M.A. officers were openly criticized by the delegates for failing to push this principle in talks with the A.H.A.

Last summer Dr. F. J. L. Blas-
More on 206

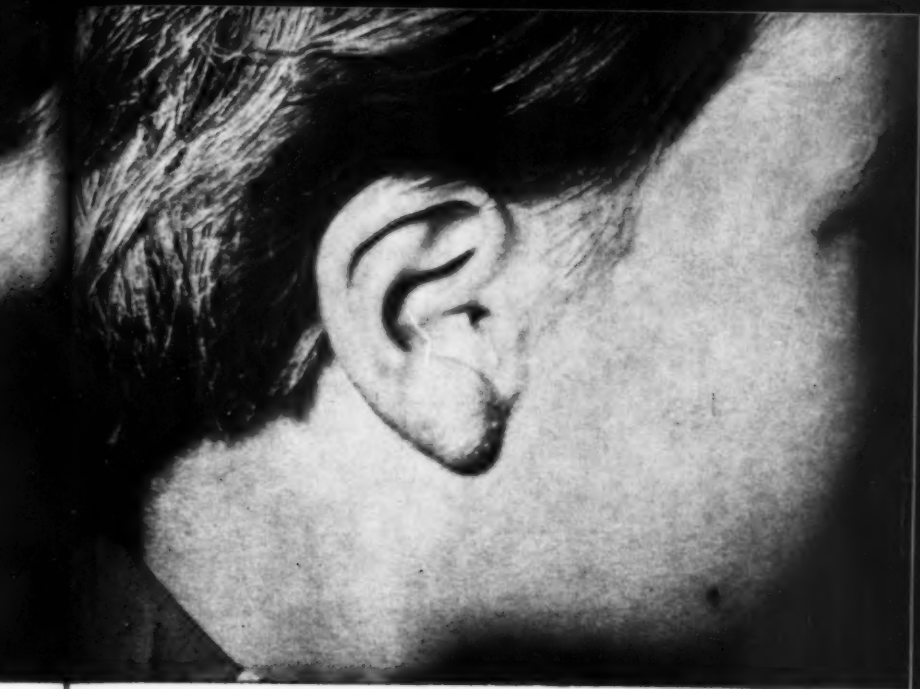


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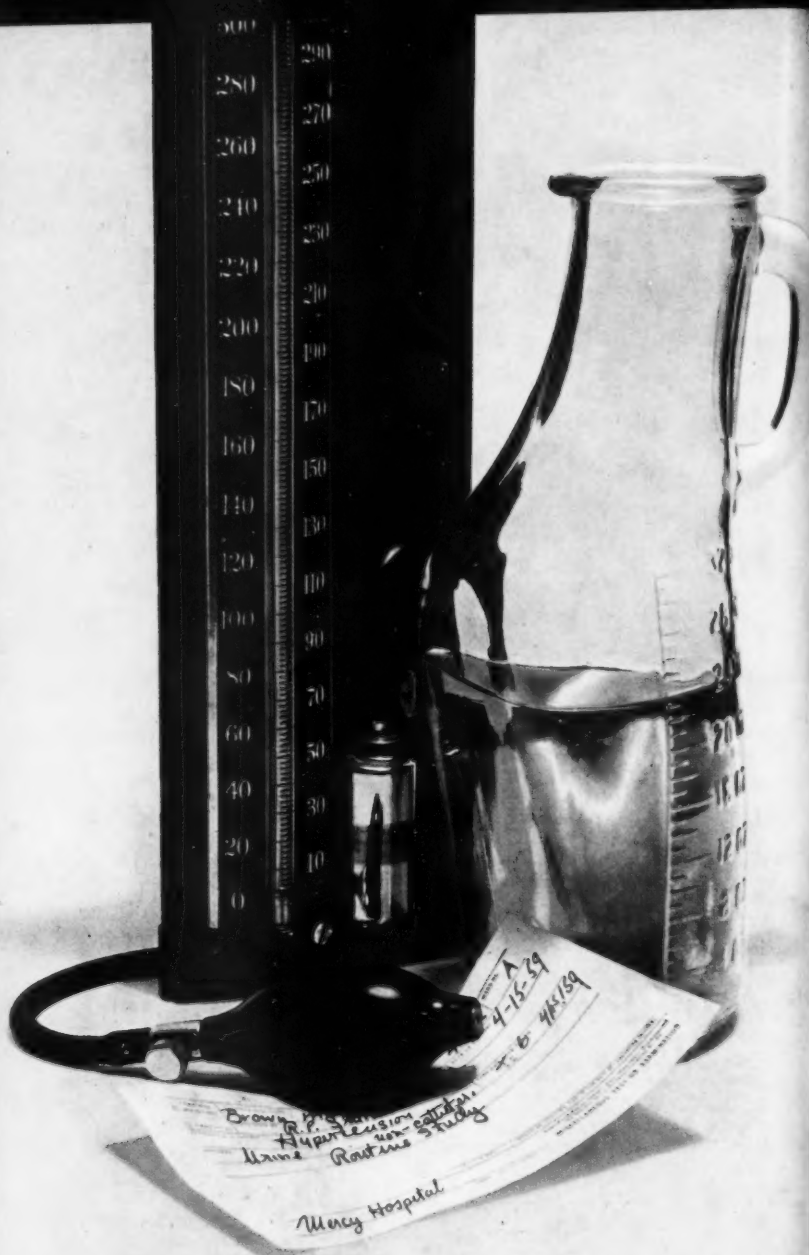
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Apresoline-Esidrix is indicated in the treatment of moderate to severe forms of hypertension, especially if complicated by edema or impaired renal circulation; and in toxemias of pregnancy. Apresoline-Esidrix achieves the three most important therapeutic objectives in moderate to severe hypertension: 1. Reduces diastolic as well as systolic blood pressure. 2. Increases renal blood flow and relaxes cerebral vascular tone. 3. Eliminates excess fluid. SUPPLIED: Apresoline-Esidrix Tablets (orange), each containing 25 mg. of Apresoline and 15 mg. of Esidrix.

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PUSH FOR INDEPENDENCE

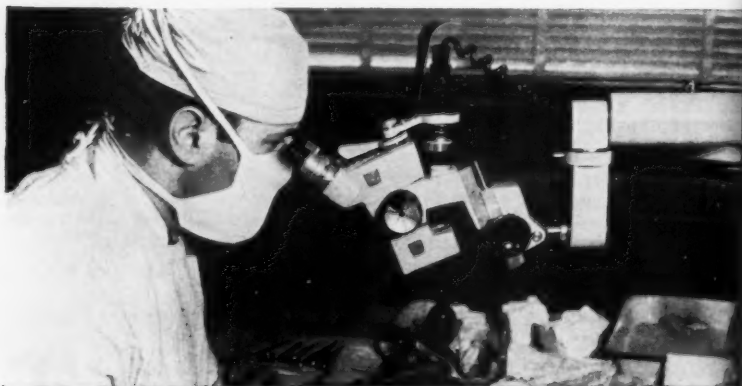
ingame, the A.M.A.'s executive vice president, had addressed the American Hospital Association's annual session. Last month he was taken to task for what he'd said. Dr. J. P. Culpepper of Hattiesburg, Miss., said he was "disappointed in my good friend Bing Blasingame." And other A.M.A. delegates echoed this criticism.

The Blasingame statement that provoked the delegates was this:

"The A.M.A. Judicial Council has traditionally taken a more

liberal attitude toward these [doctor-hospital] problems than the House of Delegates. In general, the Judicial Council . . . has adjudicated cases involving hospitals and physicians on the basis of the Principles of Medical Ethics rather than the 1951 version of the House-adopted Hess Report. Obviously the A.M.A. Board of Trustees, which co-authored the A.M.A.-A.H.A. joint report of 1953, implicitly expressed its doubts regarding the House of Delegates amendment

More on 210

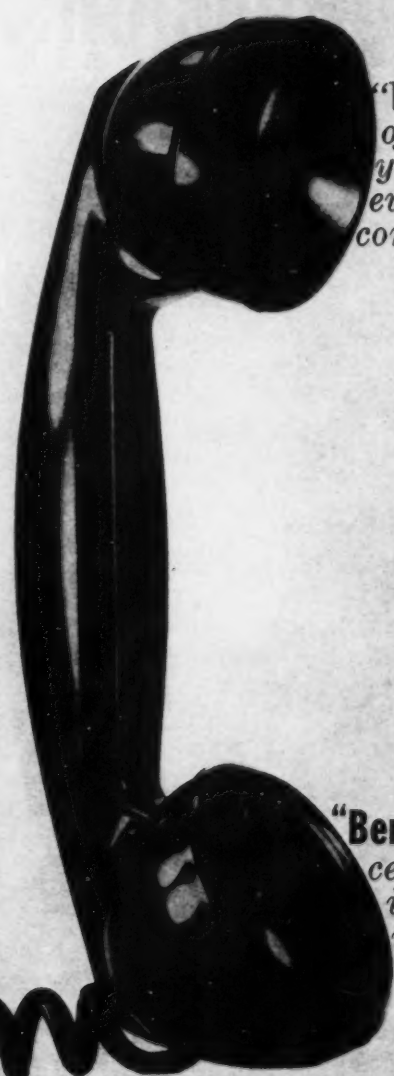


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it doesn't increase
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as it calms anxiety!

**Deprol helps balance the mood
by lifting depression as it
calms related anxiety**

No "seesaw" effect of amphetamine-barbiturates and energizers

While amphetamines and energizers may stimulate the patient—they often aggravate anxiety and tension. And although amphetamine-barbiturate combinations may counteract excessive stimulation—they often deepen depression.

In contrast to such "seesaw" effects, Deprol lifts depression as it calms anxiety—both at the same time.

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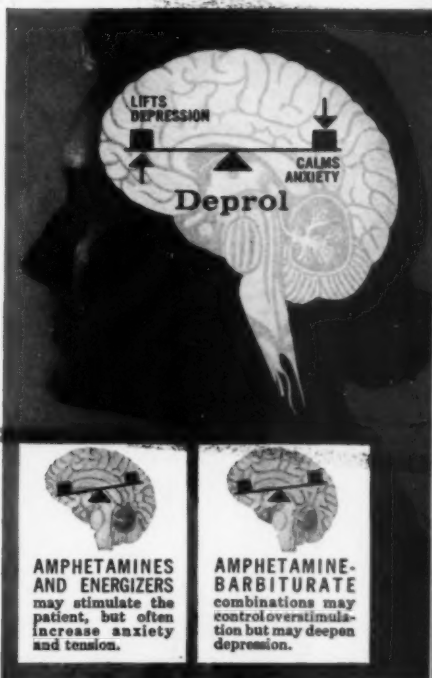
Deprol does not produce hypotension, liver damage, psychotic reactions or changes in sexual function.

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DOSAGE: Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d.

COMPOSITION: 1 mg. 2-diethylaminoethylbenzilate hydrochloride (benaetyzine HCl) and 400 mg. meprobamate.

SUPPLIED: Bottles of 50 light-pink, scored tablets. Write for literature and samples.



**AMPHETAMINES
AND ENERGIZERS**
may stimulate the
patient, but often
increase anxiety
and tension.

**AMPHETAMINE-
BARBITURATE**
combinations may
control overstimulation
but may deepen
depression.



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PUSH FOR INDEPENDENCE

to the Hess Report regarding the sale of physicians' services."

Asked about this at Dallas, Dr. Blasingame defended his statement as "historically accurate." Dr. E. Vincent Askey of Los Angeles, president-elect of the A.M.A., also came to Dr. Blasingame's defense. Then the A.M.A. delegates made their position clear:

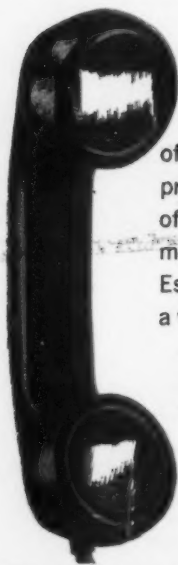
Delegates' Stand

While not wishing to censure Dr. Blasingame, they clearly didn't like what he'd said to the

A.H.A. They didn't like what the A.H.A. spokesmen had said, either. So they pointedly reaffirmed their 1951 thrust against any hospital's selling any physician's services for a fee. What's more, they specifically declared that "all subsequent or inconsistent actions are considered superseded."

This last statement seems to rule out the softer A.M.A.-A.H.A. agreement of 1953—the one about "exploitation." C. Joseph Stetler, the A.M.A.'s top

More on 214



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Make your first thought EMETROL... because of all widely prescribed antiemetics only EMETROL acts promptly and physiologically to control most cases of nonorganic vomiting... without the hazard of masking organic etiology or provoking side effects. Especially useful in the "g.i. virus" season... always a wise first choice for children and pregnant women.

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Dosage: 1 or 2 teaspoonfuls for children, 1 or 2 tablespoonfuls for adults, repeated at 15-minute intervals as required. DO NOT DILUTE or permit fluids immediately before or after each dose.



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Analgesics alone merely mask pain. New Medaprin adds Medrol* to suppress the inflammation that *causes* the pain and stiffness.

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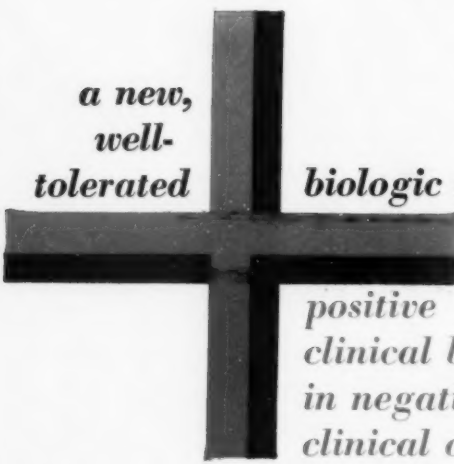
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Medaprin is supplied in bottles of 100 and 500 tablets, each containing: 300 mg. acetylsalicylic acid for prompt relief of pain; 1 mg. Medrol to suppress the causative inflammation; 200 mg. calcium carbonate as buffer.

*Trademark, Reg. U.S. Pat. Off.—methylprednisolone, Upjohn

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selected situations
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mammary cancer
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pre- and post-surgery
senile osteoporosis
uremia*

-  improves appetite, increases muscular weight
-  produces a sustained sense of well-being
-  establishes positive nitrogen balance



Durabolin® a new, potent, long-acting biologic stimulant, exerts profoundly beneficial effects on both metabolic processes and emotional outlook. By increasing the utilization of dietary protein, DURABOLIN rapidly establishes a sustained positive nitrogen balance. Appetite improves dramatically. The resulting weight gain takes the form of solid, working, lean tissue—without edema. And the patient *feels* better. A weekly intramuscular injection of DURABOLIN rapidly produces a *sustained* sense of well-being even in severely debilitated patients, and this mood-brightening property makes DURABOLIN a valuable palliative, especially in metastatic, terminal mammary cancer.

DURABOLIN produces marked improvement in skeletal disorders through its ability to stimulate protein synthesis. By fortifying the skeletal protein matrix, or "bone protein," DURABOLIN encourages retention of calcium, and normal bone recalcification.

Unlike most other anabolic steroids, administration of DURABOLIN in recommended doses ordinarily produces no masculinization, and, in more than three years of world-wide clinical trials, no evidence of progestational effects has been noted.

The positive benefits of DURABOLIN therapy are obtained in negative clinical states such as severe burns, decubitus ulcers, wasting illnesses, and in abnormal calcium balance (osteoporosis, osteogenesis imperfecta, slow-healing fractures). DURABOLIN is also indicated to inhibit excess calcium and nitrogen loss during long-term corticosteroid therapy; pre- and post-operatively; to reduce nitrogenous waste products in uremia; and as a valuable palliative in terminal cancer, especially mammary carcinoma with painful bone metastases.

DURABOLIN (nandrolone phenpropionate, 25 mg./cc. of sesame oil) is supplied in 1-cc. ampuls and 5-cc. vials. Recommended adult dose: 25 mg. (1 cc.) once weekly by intramuscular injection, or 50 mg. i.m. every second week. Average intramuscular dose for children: 12.5 mg. (0.5 cc.) once weekly.

Organon Inc.



Orange, New Jersey

PUSH FOR INDEPENDENCE

legal officer, told me the delegates' latest action amounts to "repeal" of the A.M.A.'s 1953 agreement with the A.H.A.

But some others aren't so sure. As Dr. Willard A. Wright of the A.M.A. Council on Medical Service told me: "The House of Delegates left it up to the Council on Medical Service to determine if there have been any later actions inconsistent with the 1951 action on the Hess Report. We're to report as soon as possible, very probably by next June at Miami Beach. Personally, I think the whole issue still turns on whether the doctor's name appears on the bill the hospital sends out."

So the debate within the A.M.A. isn't over. Still, A.M.A. policy has been sharpened enough to strengthen the hand of doctors who wish to buck hospital domination.

But what about doctors willing to accept salaries? Or percentage arrangements? Dr. Nicholas S. Scarcello of Worcester, Mass., may have the answer: "The problem remains with the individual physician. He doesn't have to accept an arrangement he doesn't like. The A.M.A. can't dictate to the individual."

Dr. Earl C. Lowry, head of the Blue Shield Plan in Iowa, where the doctor-hospital controversy

More on 218

O*h, well, there's still TV*

Being in Philadelphia for the first time, a colleague of mine thought he'd do a little sightseeing. So he went up to a policeman and asked to be directed to the Betsy Ross House.

The policeman rubbed his chin. "Gee, Mister," he said, "you got me there. Since the last shake-up around here, I don't know where *any* of the girls are any more."

—WALLACE T. MILLER, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

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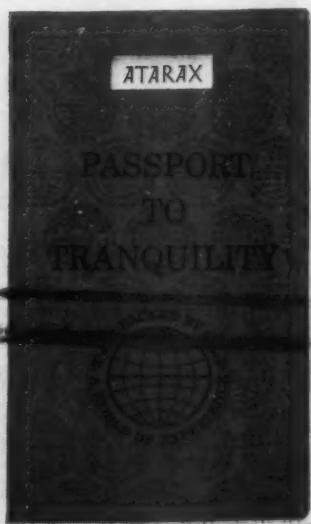
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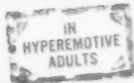
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"...Atarax appeared to reduce anxiety and restlessness, improve sleep patterns and make the child more amenable to the development of new patterns of behavior..." Freedman, A. M.: *Pediat. Clin. North America* 5:573 (Aug.) 1958.

"...seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic conditions occurring in old age." Smigel, J. O., et al.: *J. Am. Geriatrics Soc.* 7:61 (Jan.) 1959.

"All [asthmatic] patients reported greater calmness and were able to rest and sleep better...and led a more normal life...In chronic and acute urticaria, however, hydroxyzine was effective as the sole medication." Santos, I. M., and Unger, L.: Presented at 14th Annual Congress, American College of Allergists, Atlantic City, New Jersey, April 23-25, 1958.

"...especially well-suited for ambulatory neurotics who must work, drive a car, or operate machinery." Ayd, F. J., Jr.: *New York J. Med.* 57:1742 (May 15) 1957.

**... and for
additional evidence**

Bayart, J.: *Acta paediat. belg.* 10:164, 1956. Ayd, F. J., Jr.: *California Med.* 87:75 (Aug.) 1957. Nathan, L. A., and Andelman, M. B.: *Illinois M. J.* 112:171 (Oct.) 1957.

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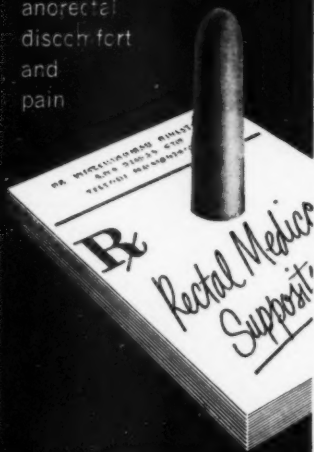
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once waxed the hottest, says: "I suspect that the A.M.A. decision may serve as some sort of guide. But who's going to enforce it?"

"It reminds me of the time when I was in the Army on medical duty at Walter Reed Hospital. I spoke to General Pershing about leaving the light on in his room after hours. 'Listen to me, young man,' he said. 'After a while you'll discover that regulations are made to serve as a guide to good conduct, but they're not made to be rigidly enforced.'"

It's Up to Local M.D.s

My own prediction is this: A.M.A. trustees and council members will go right on trying to work with their opposite numbers in the American Hospital Association. They'll try to get all hospitals to include the doctor's name on bills sent out for services performed in hospitals. But they won't be able to go much further. The really important decisions will have to be made individually by local doctors.

A few years ago, in Iowa, one of the state's leading trial attorneys told me something that's per-

INDEPENDENCE

haps pertinent now. Philip Cless had just won the court fight for the Iowa doctors against the hospitals. "The real issue isn't whether hospitals are actually exploiting doctors," he said. "The basic question is the *right* of control, not the actual *exercise* of control.

"Suppose you're working for me for \$50,000 a year. You probably won't say you're being exploited. But the master-servant relationship still exists. Even though the subject's never mentioned, you know that I have the right to fire you. That I have the right of control, even though I never exercise it.

"This is the individual doctor's dilemma: whether he should give up his own *right* to independence of action. In Iowa, the doctors decided not to. They decided their professional independence was worth fighting for."

Others Likely to Follow

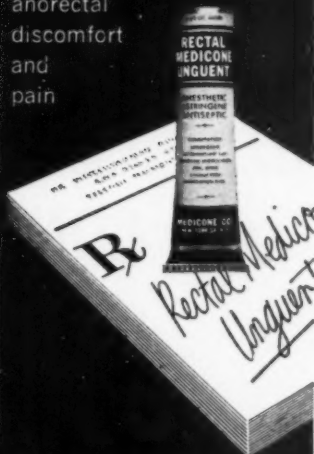
I predict a lot more doctors will make that same decision soon. It seems to me it's the individual doctor's best hope for true independence.

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MEDICAL ECONOMICS *Book Feature*

Most of us share the problem of how simultaneously to (1) keep up with our practices and (2) keep informed about the issues, ideas, and people of the world around us. Too often, the second target is missed. We just don't find time to tune in to what's important around us. Home, office, and hospital tend to become our common horizon.

¶ For the average citizen to be intellectually boxed in is bad enough. For the physician it's intolerable. People look to the professional man for his opinions, just as they look to him for leadership. They expect him to be one of the community's better informed citizens. ¶ Keeping up with today's big *news* is relatively easy. Capturing the big *ideas* of our time is another story. Most of our real intellectual stimulation comes from perceptive people and books. We're not exposed to enough of either. What to do about it? ¶ In this department, MEDICAL ECONOMICS presents what it feels may well be a sound step in the right direction, namely: book condensations—but of a type never available before. Only books of a thought-provoking, non-medical kind will be condensed. But the condensing will be directed by editorially experienced physicians. Readers will thus get a medical man's view of the best in non-medical contemporary thought. ¶ Among the hard-hitting best-sellers that informed people are reading and talking about this month is Judge Harold R. Medina's "The Anatomy of Freedom." A condensation of this book starts on the next page. The editors take pleasure in bringing it to you as another of the new MEDICAL ECONOMICS Book Features.



THE ILLUSION

*Condensed from the best-selling
book "The Anatomy of Freedom"**

By Judge Harold R. Medina

When I was a freshman at Princeton, it became plain to me that I was very definitely a nonconformist. All the freshmen had to wear little black caps, corduroy trousers, and other parts of an identical outfit. We were all supposed to look alike and do the same things.

My nonconformity got me into a lot of trouble, and that sort of thing has been going on ever since. I was the first man in the class, for instance, to wear a mustache, and many efforts were made to remove it—without success, I am happy to say.

A demand for conformity stems from the herd instinct of the human race. It has probably been going on since long before the time of the Egyp-

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ON OF SECURITY

tians. The emotional force behind it is fear. In a period of crisis and rapid social change, the demand for conformity becomes more and more insistent.

Naturally enough, with the scientific developments of recent years and the violent changes that necessarily follow the destructive forces of a great world war, we find ourselves today in one of these recurrent periods when, because of the intuitive and often unrealized fear of what the future may hold, the demand for conformity is widespread and powerful.

Against this background, largely due to the deliberate efforts of our Communist friends, the word "liberal" has taken on a sinister and evil connotation.

The word seems actually to be almost taboo in polite society, as though a liberal—while

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AN EXTENSIVE SURVEY shows that in 68% of overweight persons there is an emotional basis for failure to limit food intake.¹ Appetrol has been formulated to help you overcome this problem and to keep your overweight patient on your diet.

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IN PRESCRIBING APPETROL, you will find that your patient is relaxed and more easily managed so that she will stay on the diet you prescribe.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals.

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1. Kotkov, B.: Group psychotherapy with the obese. Paper read before The Academy of Psychosomatic Medicine, October 1958.

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THE ILLUSION OF SECURITY

perhaps not an out-and-out Communist—were at least a “parlor pink” or a “fellow traveler,” perhaps a bit inclined to be subversive if the opportunity presented itself.

Frankly, I resent all this. I was brought up to think that just about the best kind of a person to be or to be with was an honest-to-goodness liberal. I do not intend to be frightened away because the Communists and their coadjutors have tried to appropriate the word “liberal” for their own special use.

What is a “liberal” anyway? What is a “conservative,” “reactionary,” or “radical”?

Dictionary meanings are of little assistance. These words have been so variously used in different contexts that the shades of meaning attributable to them are largely personal to the definer. So it is probably more useful to discuss these words in terms of their connotations.

‘Liberal’ Defined

To my personal way of thinking, *the liberal* must be a thinking man, one who has learned to

More on 228

immortals of chinese mythology:



Han Hsiang-tzu

This nature-loving physician achieved immortality by falling out of a tree

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A RATIONALE FOR THERAPEUTIC VITAMIN-MINERAL SUPPLEMENTATION

Subclinical vitamin-mineral deficiency in chronic degenerative disease

Most degenerative disease changes appear to be related to disturbances of cellular nutrition.¹ Subclinical vitamin or mineral deficiencies often occur despite an adequate caloric intake, and the consequent impairment of enzyme systems may injure body tissues.² Considerable evidence indicates that the vitamin reserve is frequently lowered to a serious degree in the older age groups most susceptible to degenerative disorders.³ Older persons also have increased requirements for such minerals as iron, iodine, copper, calcium and zinc.^{4, 5, 6}

the importance of vitamins and minerals in Diabetes mellitus

The diabetic has a higher requirement for the vitamin B-complex (especially nicotinic acid, thiamine, B₁₂, and riboflavin) than the normal individual.⁷ Great losses of calcium and potassium may occur during ketosis.⁷ Low tissue zinc levels have recently been reported in a series of diabetic patients.⁸ Metabolic deficiencies are frequently aggravated by diets which restrict or eliminate foods rich in essential co-factors.⁹ Administration of more than normal requirements often produces a decided clinical improvement and may help to prevent neuropathic changes.⁷

the importance of vitamins and minerals in Digestive disorders

Peptic ulcer diets are often deficient in essential vitamins. Symptoms attributable to B-vitamin deficiency are commonly observed in patients on such diets.¹⁰ Liver damage leads to faulty vitamin metabolism, and cirrhosis often produces severe vitamin deficiency.^{11, 12} Pollack and Halpern recommend daily administration of therapeutic vitamins to patients with hepatitis or cirrhosis.¹¹ Large amounts of zinc are also lost by the cirrhotic patient.¹³

Great care must be exercised to avoid excessive depletion of vitamins and minerals in ulcerative colitis, regional enteritis, and chronic diarrhea. Patients with extensive bowel resections may require up to six times the normal daily vitamin requirement.¹⁴

the importance of vitamins and minerals in Arthritic disorders

According to Spies,¹⁵ nutritive failure is especially frequent in arthritic or rheumatic disorders. Some patients lose the desire to eat; some are too disabled to earn money to purchase required foods; still others are unable to perform all the necessary masticatory motions. Nausea and vomiting may prevent adequate absorption.

Therapeutic vitamins prevent or correct vitamin deficiency in the arthritic on an inadequate diet. In degenerative joint disease, vitamin therapy is recommended even when there is no demonstrable

GENERAL SUPPLEMENTATION

deficiency.¹⁰ Mineral supplementation may help prevent the depletion of calcium and potassium that occurs during therapy with certain of the adrenal steroids. Iron¹⁷ may be useful in preventing the anemia common in arthritis.



the importance of vitamins and minerals in Other degenerative processes

Vitamins and minerals appear to play a role in many other degenerative processes associated with aging. Studies by Wexberg,¹⁸ Jolliffe¹⁹ and others indicate that many of the symptoms attributed to senility or cerebral arteriosclerosis respond with remarkable speed to the administration of vitamins. Pyridoxine and nicotinic

acid may even play an important role in the prevention of atherosclerosis.

Vitamin or mineral deficiency may be an unrecognized factor in still other situations. As Kampmeier states:

"Who can say, for example, whether the patient chronically ill with myocardial failure may not have a poorer myocardium because of a moderate deficiency in the vitamin B-complex? Something is known of the relationship of vitamin C to the intercellular ground substance and repair of tissues. One may speculate upon the effects of a deficiency of this vitamin, short of scurvy, upon the tissues in chronic disease. Are there 'subclinical' degrees of vitamin deficiencies to search for, now that frank deficiency states have become so rare at least in the United States?"²

References 1-19 will be supplied on request from: Professional Service Department, SQUIBB, 745 Fifth Avenue, New York 22, N. Y.

help preserve tissue integrity and impede degenerative processes

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THE ILLUSION OF SECURITY

evaluate his experience and the world about him independently and freely. He uses the ideas of others only as the starting points of his own analysis and his own creativity.

The liberal not only has his own concepts of right or wrong; he is always prepared to accept criticism and to try to understand opposing views. He constantly stands ready and is anxious to reappraise his own conclusions, ideas, and concepts of truth in light of differing theories and new information available to him.

The conservative differs from the liberal particularly in his reluctance to revise original esti-

mates. He is not wholly without an inquiring mind and capacity for change. But he instinctively struggles against espousing new ideas and rejecting pre-existing notions of truth.

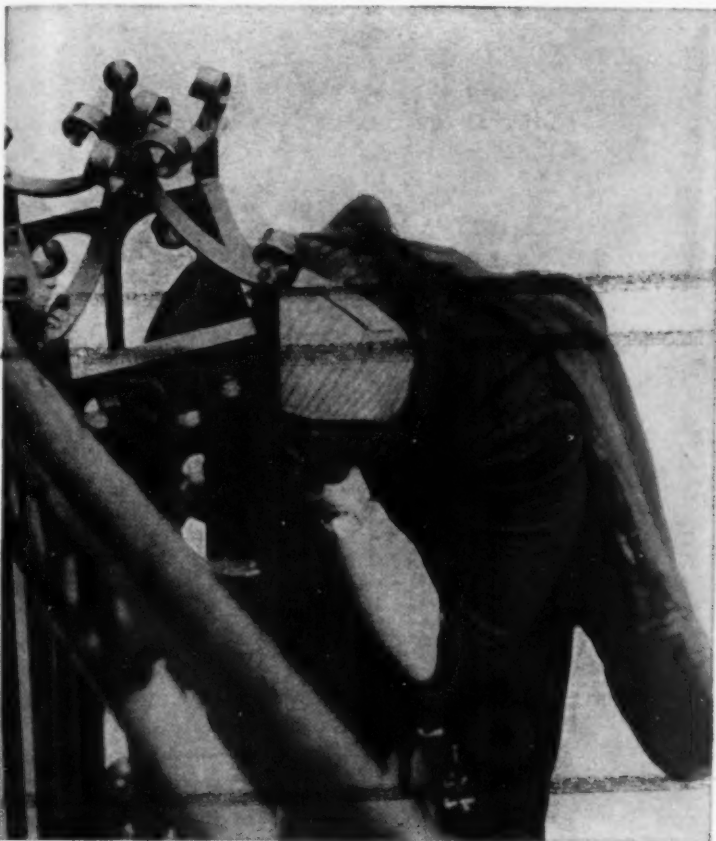
He seems to bestow a quality of good upon the prevalent practice or view. As a consequence, a much more persuasive argument must be directed at him to induce any change or revision of the current norm.

He is basically a follower in the day-to-day journal of progress. He seems to rely more upon the support of general social acceptance than upon faith in his own convictions independently arrived at. *More►*



Professional men especially should fight the curse of conformity, the perversion of patriotism, the illusion of material security, Judge Harold R. Medina believes. If they do so intelligently—and if they prepare themselves properly—they'll not only help their country; they'll also attain "the only true security" for themselves. Judge Medina speaks with the authority of forty-five years' experience as a lawyer, a law teacher, and a judge. His masterful handling of the sedition trial of eleven Communists in 1949 won him national acclaim. He retired from the bench in 1958.

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MEDICAL ECONOMICS • JANUARY 4, 1960 229

THE ILLUSION OF SECURITY

The reactionary is one who not only resists change but actively combats any deviation from the status quo. To this man, there is no reappraisal of existing ideas or concepts. Instead, there is utter unwillingness to consider the merit of any view differing from his own.

Within the framework of the reactionary's philosophy, change is inherently undesirable. Reason plays little part in any appraisal of existing phenomena or new ideas. His is a static and perhaps even retrogressive concept of life and society. His

world is one composed of what has been and never of what will be or should be.

The radical is markedly similar to the reactionary in his fanatic devotion to his own belief and his unwillingness to accept or tolerate the views of others. However, where the reactionary decries change, the radical can see no merit in anything but violent deviation from traditional concepts or ideas.

Rather than engaging in reasoned re-examination of prevailing views, the radical proceeds on the assumption that there is a

MORE IMPORTANT THAN MONEY

Nothing annoys me as much as all this talk that Americans are money grubbers, that all they care about is money. Of course we work hard. We are industrious. We want our families to have the good things. We want our children to have a good education. But this idea of our not having any interest in spiritual things is wrong.

If you go back to the time when our country was founded, people came here from all over the world—for what? For spiritual values. They wanted freedom. They wanted justice. They wanted a chance to show goodwill. That's what they came for. That's just what America stands for today.—*From "The Anatomy of Freedom"*

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"JUST A LITTLE CASE OF CYSTITIS".

THE ILLUSION OF SECURITY

positive quality in change merely for the sake of change. And the more emphatic the deviation from existing ideas, the more desirable the change.

As is the case with the typical reactionary, the thought process of the radical is more often emotional than rational. In dealing with this kind of mentality, one encounters a signal intolerance for the views of others.

So much for background. Remember that the word liberal fundamentally means *free*. Let the Communists distort it as they please, and the politicians too, who seem inclined to call themselves liberals whenever it serves their purposes. *A true liberal is interested above all in the advancement of freedom.*

'Liberal' Education

Professional men need to be liberals in this sense. And for this purpose they need a liberal education. Let's pause for a moment to consider what they should expect from such an education:

Perhaps at the head of the list stands discipline of the mind.

Who can pursue any calling with success unless his powers of observation are so trained that he may see even the tiniest detail of each particular problem and then by some rational effort bring the seeming chaos into order? Without such discipline, which is stressed in every liberal arts institution worthy of the name, all is futility and confusion.

Math and Latin Help

The study of mathematics surely serves this purpose. And for generations the ancient Greek and Latin classics provided much the same sort of discipline. That is probably why the students, by and large, have such a dislike for mathematics and Latin. It is more pleasant to wander about in fields where one can ad-lib at discretion and where the answers to questions are not so disconcertingly right or wrong.

Then, too, one must be trained to be articulate. The art of communication is almost a profession in itself. First to think and then to convey the product

More on 236

"Just a little case of cystitis" may actually have already involved the kidney parenchyma before the bladder became infected."

"The first evidence of inflammatory disease of kidney or prostate often is vesical irritability."



WHEN THE SYMPTOM IS CYSTITIS

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for rapid control of infection throughout the G. U. system

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REFERENCES: 1. Editorial: J.M.A. Georgia 46:433, 1957. 2. Colby, F. H.: Essential Urology, Baltimore, The Williams & Wilkins Co., 1953, p. 330.

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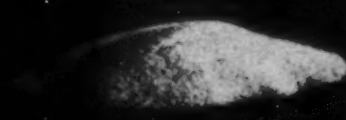
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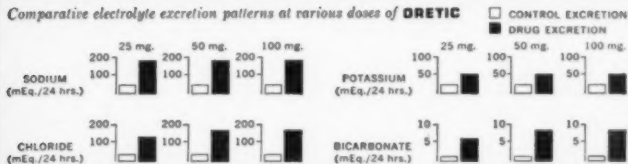


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Drug was given at 25-, 50- and 100-mg. doses to five patients, all previously having congestive heart failure but currently free of signs of edema. Urine was analyzed six times during a 24-hour study period, with attention given to the major electrolytes—sodium, potassium, bicarbonate and chloride:

Comparative electrolyte excretion patterns at various doses of **ORETIC**



The investigators said:

"Comparative electrolyte excretion effects at various doses of **ORETIC** show a proportional increase in sodium and chloride within the significant dose range and demonstrate that additional drug has no significant action. The continued relatively small potassium and bicarbonate excretion, even with maximum saluretic effects, is clearly demonstrated."

ORETIC, indicated for edema and hypertension, is supplied in 25- and 50-mg. tablets, bottles of 100 and 1000.

Bibliographical Note: The investigators quoted have published their findings in the September, 1959 issue of *Current Therapeutic Research*. The study, entitled **CLINICAL PHARMACOLOGIC OBSERVATIONS ON ORETIC, A NEW ORALLY ACTIVE DIURETIC AGENT**, can be found in that publication on pages 26 through 33.



and remember—in many cases Oretic permits relaxation of the low-salt patient's rigid diet



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901186

THE ILLUSION OF SECURITY

of one's thinking to others, this is the point of our study of languages and literature. There is a technical part of every profession that can be mastered only by those whose minds are truly disciplined and by those having the power to express their thoughts in terms clearly understood by their colleagues, by their patients or clients, and by the world at large.

Perhaps an even more important thing a liberal education can do is to give us perspective. We peer back into the past as far as

our gaze can penetrate; we look ahead into the future as far as we can see. We have opportunity to make acquaintance with the aspirations, the dreams and hopes and fears and doubts of all humanity. We read about the captains and the kings and the priests and the martyrs, the creative artists, the poets, and those who composed the chants and liturgies to charm the heart and soothe the consciences of all succeeding generations.

We can scarcely go through this process without feeling the

Everything under control...including the temperature with

Tylenol

*first liquid pediatric
antipyretic/analgesic*

Tylenol® Acetaminophen brings fever and pain under control quickly, safely...well liked by children.

Tylenol Elixir—120 mg. per 5 cc.

Tylenol Drops—60 mg. per 0.6 cc.

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Philadelphia 32, Pa.





in eight years Novahistine® hasn't cured a single cold
 —but it has brought prompt relief of symptoms
 to almost 8,000,000 patients*



The effectiveness of Novahistine results from the synergistic action of an orally effective vasoconstrictor combined with a quick-acting antihistamine. In the average patient, this time-proved formula controls cold symptoms as no single drug can.

*Based on National Prescription Audits of oral Novahistine prescriptions since 1952.



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in colds...flu and sinusitis

Novahistine LP

LONG-ACTING →

2 tablets open the air passages...and continue
to give relief for 8 to 12 hours.

Patients feel better faster
because Novahistine LP

- relieves the stuffy, runny nose and swollen, weepy eyes
- checks irritant postnasal drip
- lets the patient breathe freely all day, all night

Each long-acting tablet contains:

phenylephrine hydrochloride, 20 mg.
chlorphenpyridamine maleate, 4 mg.



***...and to eliminate the
nose drop problem
with children***

Novahistine Elixir

Fast-acting and good-tasting, too,
Novahistine Elixir appeals to children.

This palatable elixir solves the problem
of giving medication to fussing youngsters.

Each 5 cc. teaspoonful contains: phenylephrine
HCl, 5 mg.; prophenpyridamine maleate, 12.5
mg.; chloroform, approx. 13.5 mg.; l-menthol,
1 mg., and alcohol, 5%.

Dosage: Children, 1 teaspoonful 3 or 4 times
daily. Infants, ¼ to ½ teaspoonful 3 or 4 times
daily. Adults, 2 teaspoonfuls 3 or 4 times daily.



PITMAN-MOORE COMPANY

• Division of Allied Laboratories, Inc., Indianapolis 6, Indiana

THE ILLUSION OF SECURITY

impact of spiritual forces—without some realization of the limitless strength and power that come to those who permit these spiritual forces to dominate their lives.

What has all this to do with a career in one of the professions?

The kind of a person one is inevitably has a lot to do with the kind of a doctor or lawyer or architect a man becomes. As I sometimes put it: "Be a man first and a lawyer next."

What are sometimes described as inner resources are not mere hobbies to keep us busy after we retire. We must live with ourselves. Will the companionship be agreeable?

What are we to think about when we are not in our offices? What books will we read? Or shall we merely look at pictures in the magazines and at television and listen to the radio or do crossword puzzles?

Shall we simply drift with the current of contemporary affairs? Or will our lives be guided by ideals and moral principles? Who can deny that a true course of training in the liberal arts will

More on 240

With Your Help, **THE MENTALLY ILL CAN COME BACK**



Give them the chance
you'd want for yourself:
a job, a home, a place
in the community.



**SUPPORT
YOUR
MENTAL
HEALTH
ASSOCIATION**



YOUR PATIENTS WHO COMPLAIN OF ACHES AND PAINS WILL USUALLY BE TROUBLE-FREE FASTER

XUM



FINALLY A FREELY SOLUBLE, NEUTRAL SALT OF ASPIRIN THAT REDUCES GASTRIC COMPLAINTS AND LOCAL IRRITATION

CALURINTM

(CALCIUM ACETYSALICYLATE CARBAMIDE)

Each Calurin tablet is equivalent to 300 mg. (5 gr.) of acetylsalicylic acid.

CALURIN is less likely to cause local irritation of the gastric mucosa...or produce chemical erosion or erosive gastritis¹ as insoluble, acid aspirin often does.²⁻¹¹ CALURIN is freely soluble...acts faster and is more readily absorbed, producing higher initial fasting blood levels¹² than a comparative dose of aspirin.

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THE ILLUSION OF SECURITY

help us to solve these perennial personal problems and bring us a measure of happiness that will be reflected in the performance of our professional duties?

But the greatest contribution a liberal education can make to the lives of professional men is in the development of their spiritual powers. A warm and sympathetic understanding of other people is a pearl beyond price.

It is so easy to think of oneself and let the rest of the world go hang. Other people's troubles seem remote and unimportant. We speak of them kindly, but we seldom do anything effective to help them.

Everyone is ready to cheer for goodwill, tolerance, justice, and freedom in the abstract. But how many, by attentive consideration of the effect of the lack of these spiritual qualities in individuals, in groups and communities, in nations and in whole civilizations, have had these lessons burned into their very souls, so that there is an irresistible urge to put these spiritual qualities to work in their daily lives?

Do I speak of something re-

mote from the actuality of professional life? Much more than technical skill is part of the trappings and apparatus of the life of a doctor. How often are we told that the gentle understanding and sympathetic ministrations of general practitioners have saved countless lives. There is often that indefinable something about some specialists which tends to evoke that will to live so indispensable to survival in serious cases.

Spiritual Motives

One of the fallacies most widely held is that people do what they do for purely material ends. All history gives the lie to this. The true fact is that the dynamic forces in our lives are spiritual. And this is peculiarly true of the professions, however appearances may seem to the contrary.

Now let me pull the threads together. My main theme is that each student should get the most out of liberal arts training without the fetters of prelaw, premedicine, or any other kind of

More on 245

highlights of a nationwide survey

A REPORT
ON THE TREATMENT IN PRIVATE PRACTICE
OF 2,274 PATIENTS
WITH ALLERGIC DISORDERS

RESULTS OF ANERGEX THERAPY BY 202 PHYSICIANS IN PRIVATE PRACTICE

disease classification	no. of patients treated	excellent	good	fair	not improved
allergic rhinitis:					
perennial	492	196	176	67	53
spring	209	80	85	31	13
fall	248	87	114	35	12
spring & fall	198	73	77	19	29
		77%			
extrinsic asthma	492	175	178	68	71
		72%			
eczema	260	119	71	42	28
		73%			
food allergy	173	85	42	13	33
		73%			
contact dermatitis	157	54	62	23	18
		73%			
other	45	17	15	1	12
		71%			
total patients treated	2274	886	820	299	269
		75%			

These results were obtained following a single short course of injections.

Compiled from questionnaires sent to practicing physicians in communities of various sizes throughout the country, who were asked to indicate the number of patients they had treated, and to classify the results as Excellent, Good, Fair or Unimproved.

Many physicians not only supplied the bare statistics but added comments such as:

"In cases with good results—they were spectacular—in others not too definite." (California)

"Not impressed." (5 patients) (Louisiana)

"I find it to be a wonderful drug." (Indiana)

"Has been a very useful medication especially in infants where multiple testing is impossible." (Ohio)

"We seem to notice greater degree of success in younger patients. No response to treatment in dermatitis cases." (Illinois)

"Three cases of eczema under the age of 3 years, all were controlled on Anergex." (Wisconsin)

"I have thus far had nothing but excellent results except one failure in contact dermatitis." (Ohio)

"Both patients who displayed good results in rhinitis had been given desensitizing injections preseasonally." (Pennsylvania)

"All of these patients had previously shown poor results on cortisone, antihistamines and desensitization." (Illinois)

"We have used it for two years. One of the excellent results (asthma) was on myself." (Pennsylvania)

"No benefit." (2 patients) (Michigan)

"Results impressive." (Iowa)

"Good results in Hay Fever—from children to elderly group." (Iowa)

"We are really happy with this product." (Washington)

THE NEW CONCEPT FOR THE TREATMENT OF ALLERGIC DISEASES

ANERGEX minimizes or abolishes allergic reactions with a single short course of daily injections for 6-8 days.

ANERGEX is non-specific; it provides relief regardless of the offending allergen or the symptoms present.

ANERGEX provides prolonged protection. The non-reactive state, or anergy, is usually maintained for months; this can be prolonged by occasional booster doses.

ANERGEX[®]

the new injectable for inhibiting the allergic response

what it is: A specially prepared extract of *Toxicodendron quercifolium* which has a non-specific action and inhibits a wide variety of allergic responses.

dose: Adults, 1 ml. intramuscularly daily for 6-8 days during exposure to the offending allergens.

advantages: Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. No systemic reactions have been reported.

uses: *Seasonal allergic rhinitis*—hay fever, rose fever, pollinosis.

Non-seasonal allergic rhinitis—dust, dander, molds and other inhalants.

Extrinsic asthma—foods, inhalants, dust, dander, pollen.

Asthmatic bronchitis—so common in children.

Eczema—especially in infants and children.

Food sensitivity—manifested by indigestion, nausea, vomiting, diarrhea, eczema, asthma, or rhinitis.

available: Multiple-dose vials containing 8 ml.—one average treatment course.

REPRINTS AND LITERATURE AVAILABLE

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preprofessional studies, except to the extent that such requirements may be absolutely indispensable. I would make no concessions whatever to vocationalism—there is plenty of time for that later.

The Key Words

Permit me to check off a few words as symbols of the thesis I have been attempting to expound: intellectual discipline; the power to write and to speak persuasively and with lucidity; devotion to ideas and moral principles; a warm sympathy and a merciful and understanding heart; spiritual strength and power.

Yes, these are the qualities an education in the liberal arts can foster. These are the things money can't buy. And these are the key to the advancement of American freedom.

We live in critical times. There is grave danger that some or all of our freedoms—such as free speech, freedom of religion, the equality of all men before the law—may be diluted, whittled away, diminished, or even

torn out of the Constitution by amendment. For example, the Fifth Amendment (the right of a person to refuse to incriminate himself) has been under open attack.

It is not enough today to be patriotic in principle. All the patriotic societies of America are deeply attached to the integrity of our institutions and to the principles of freedom expressed in our Bill of Rights and our Constitution. But a lot of them seem at times more interested in parades and flag waving than in the fundamental rights and the correlative duties without which freedom is mere illusion.

In other words, we must bestir ourselves and show our love of freedom by our thoughts and by our words and by our actions today.

At this point you may be thinking something like this: "Don't worry about me, Judge Medina. I love freedom too. You can depend on me."

But I am not so sure. Let's put ourselves to the test by a few concrete examples.

In 1949, I was preparing to

THE ILLUSION OF SECURITY

preside over the trial of the eleven leaders of the Communist conspiracy in the United States. You already know a good deal about the persistent and ingenious methods they used to break up that trial. By the end of August it was pretty clear that I was going to be able to carry on to the end. Every strategy of turbulence, disruptive tactics, confusion, and threats had failed.

Suddenly I began to read in the newspapers of a concert to be given by Paul Robeson in Peekskill, N. Y., under Communist auspices. I was pretty well on to them by that time. I suspected this would develop into another attempt to break up the trial. And that is just what happened.

The provocative notices of the forthcoming "concert" drew immediate response from the patriotic societies. On the day of the "concert," the Communists and their sympathizers were there in force. And so were the patriots. There was much flag waving by them, much shouting and rushing around.

The crowd soon got out of

control. Rocks were heaved through the windshields of some of the buses and cars. The next morning, several of the defendants in my case came into the courtroom bandaged up, and the fireworks began again.

Doubtless some realized what the Communists were up to. But I was powerless to prevent it; my job was to preside over that case and give those defendants a fair trial according to our American traditions.

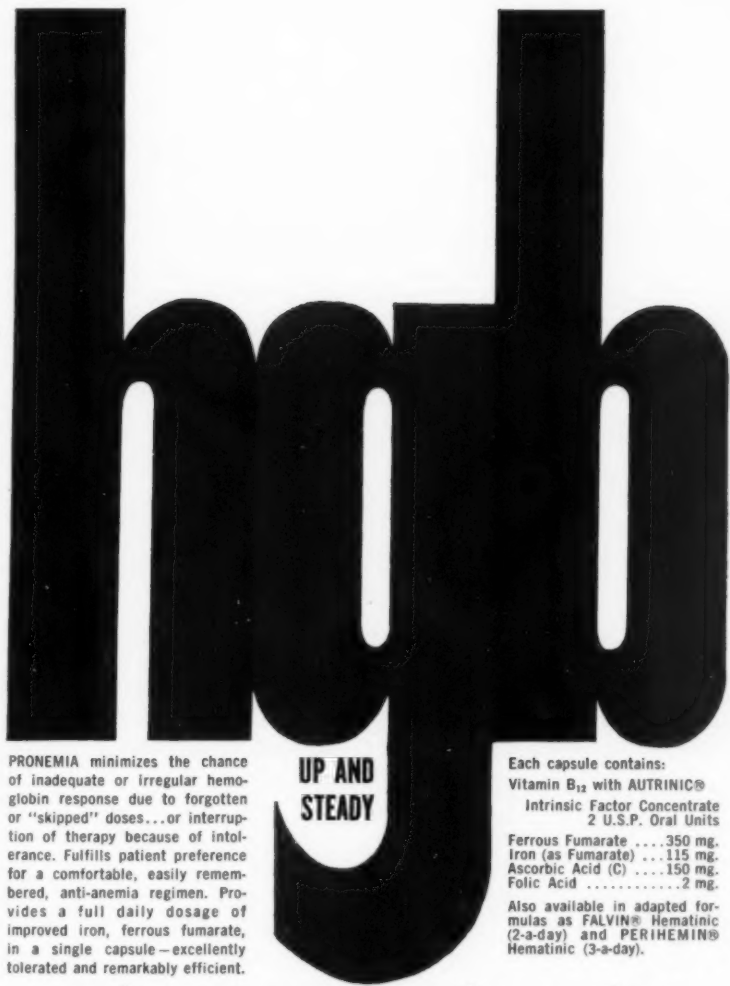
Misguided Patriots

But what about the patriots? After the event, it was clear that the hue and cry in the name of patriotism was a foolish response to provocation designed to further the ends of the Communists.

The reaction was natural enough. But we must respect the rights of others no matter how much we dislike them.

These precious freedoms are not a one-way street running only in our direction. They involve correlative duties. In just such times of excitement, we must insist that the freedoms and

More on 250



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**UP AND
STEADY**

Each capsule contains:
Vitamin B₁₂ with AUTRINIC®
Intrinsic Factor Concentrate
2 U.S.P. Oral Units

Ferrous Fumarate 350 mg.
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Also available in adapted formulas as FALVIN® Hematinic (2-a-day) and PERIHEMIN® Hematinic (3-a-day).

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MEDICAL ECONOMICS • JANUARY 4, 1960 **247**

90% of anxious, agitated
and apathetic office patients
calmed *without* drowsiness
and with normal drive restored...
on one or two 0.25 mg. tablets b.i.d.:

This is the pattern of performance for

PERMITIL[®]

Fluphenazine dihydrochloride



In Anxiety and Anxiety-induced Depression

"In contrast to other phenothiazines, it [PERMITIL] mitigates apathy, indifference, inertia and anxiety-induced fatigue. Thus, instead of impeding effective performance of daily tasks, it increases efficiency by facilitating psychic relaxation. Consequently, acceptance of this drug, especially by office patients, has been excellent."¹

■ In 608 patients with anxiety and anxiety-induced fatigue or depression, PERMITIL, administered in small daily doses of 0.5 mg. to 1 mg., produced significant improvement in 90%.²

■ PERMITIL is virtually free from side effects at recommended dosage levels.

■ Patients become calm without being drowsy and normal drive is restored.

■ Onset of action is rapid; effect is prolonged.

■ PERMITIL does not potentiate barbiturates or non-barbiturate sedatives and can be used with impunity with such agents.

How to prescribe PERMITIL: The lowest dose of PERMITIL that will produce the desired clinical effect should be used. The recommended dose for most adults is one 0.25 mg. tablet twice a day (taken morning and afternoon). Increase to two 0.25 mg. tablets twice a day if required. Total daily dosage in excess of 1 mg. should be employed only in patients with relatively severe symptoms which are uncontrolled at lower dosage. In such patients, the total daily dose may be increased to a maximum of 2 mg., given in divided amounts. Complete information concerning the use of PERMITIL is available on request.

SUPPLIED: Tablets, 0.25 mg., bottles of 50 and 500.

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PERMITIL



White Laboratories, Inc., Kenilworth, New Jersey

THE ILLUSION OF SECURITY

rights of others be strictly maintained.

This was just as true in our history as it is today. You remember what is described in the history books as the "Boston Massacre" in 1770. George the Third had sent over two British regiments—one soldier for every four Bostonians—and they were quartered in Boston. Tension mounted as Boston increasingly resented the presence of these troops.

On Monday, March 5, 1770, the tension snapped. One Cap-

tain Goldinch was crossing King Street on the way to the barracks. As the captain passed, a barber's boy whistled through his fingers. With a curse, he called out that the captain owed the barber money for dressing his hair. The captain, exercising commendable restraint, did nothing. But a British sentinel on duty by the barracks gave chase and whacked the boy with the butt of his musket.

The boy's shouts woke the sleeping people of Boston. A crowd gathered. People began

SEVERE PAIN RELIEVED

Without the Needle

PAPINE, orally administered, effectively relieves the most excruciating pain. Contains morphine hydrochloride 1 gr. (60 mg.) and chloral hydrate 3 1/3 gr. (200 mg.) per fld. oz. in a palatable vehicle.

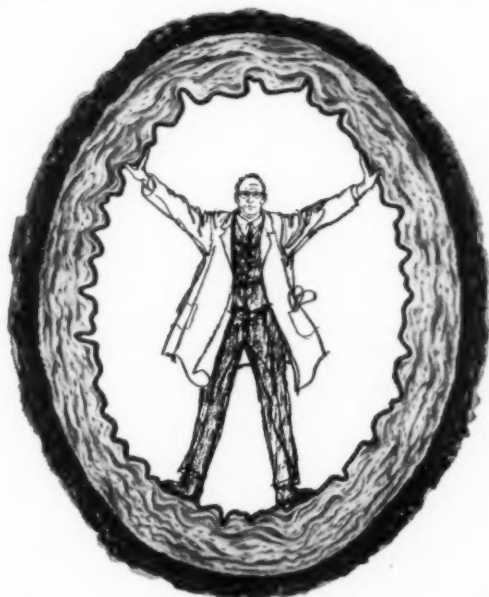
Average adult dose, 1 teaspoonful. Narcotic blank required. Supplied in 12 fld. oz. bottles for prescription and dispensing.

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in coronary insufficiency



Metamine® Sustained* helps you dilate the coronaries



METAMINE SUSTAINED (triethanolamine trinitrate biphosphate, 10 mg., in a unique sustained-release tablet) is a potent and exceptionally well tolerated coronary vasodilator. Pharmacological studies at McGill University demonstrated that METAMINE "exerts a more prolonged and as good, if not slightly better coronary vasodilator action than nitroglycerin . . ."¹ Work at the Pasteur Institute established that METAMINE exerts considerably less depressor effect than does nitroglycerin.² Virtually free from nitrate side effects (nausea, headache, hypotension), METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,³ and, given b.i.d., is ideal medication for the patient with coronary insufficiency. Bottles of 50 and 500 tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTABARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

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Thos. Leeming & Co. Inc. New York 17, N.Y.

*Patent applied for

MEDICAL ECONOMICS • JANUARY 4, 1960 251

THE ILLUSION OF SECURITY

scuffling with the soldiers on guard and pelting them with ice and snowballs.

"Kill the soldier! Kill the damn coward! Knock him down!" cried the crowd with mounting fury.

A mob formed, and the British sentinel, backing up the steps of the Custom House, shoved the rammer down his musket and primed it. To his help came seven enlisted men and a young, somewhat overanxious officer. One of the soldiers, struck by a snowball, lost his footing and fell, allowing his gun to drop from his hand. The soldiers—not knowing what had happened to their comrade—fired their muskets into the crowd, one after another. When the smoke cleared, five men lay sprawled on the snow—three dead, two mortally wounded.

The Governor was pretty much on the spot. So the soldiers were indicted for murder. Things looked pretty bad for them.

But there was a young lawyer in Boston named John Adams—one of the great men in American history. He did not join the

hue and cry. Instead, he undertook the defense of the soldiers, a most unpopular task. And as the result of his pleading, the soldiers were acquitted.

Defense of a 'Traitor'

That was in 1770. But the hostility of the people to the man who defended those British soldiers was the same as the hostility I encountered in 1942. I was defending a German-born American citizen who had been indicted for treason for certain dealings he had had with one or two saboteurs who had come here from Germany in submarines. I was asked to serve as counsel to defend this man without compensation. And I accepted the assignment as a patriotic duty—to demonstrate that even in the midst of war our laws were applicable to all alike without prejudice or favor.

My attitude today can be summed up this way: American justice is justice for all. American liberties belong to the weak and the poor as well as to the rich and powerful, to those we detest

More on 256

dust a major offender

Dust is a principal offender in allergies of the respiratory tract. It cannot be avoided — and the dust-allergic patient requires medical attention. POLARAMINE — the closest to a perfect antihistamine — is the closest to a perfect solution for the problem of the patient suffering from irritating nonseasonal allergens. POLARAMINE offers swift, sure, safe action with these outstanding advantages —

- Therapeutically effective at lower dosages than other antihistamines
- Highest therapeutic index of all antihistamines (3380)
- Fewer side effects than with other antihistamine preparations
- Highly efficacious — a single POLARAMINE REPETAB gives your patient all-day or all-night protection from discomfort of allergic symptoms

POLARAMINE REPETABS

SUPPLY: POLARAMINE REPETABS, 6 mg., bottles of 100 and 1000 / POLARAMINE REPETABS, 4 mg., bottles of 100 and 1000 / Tablets, 2 mg., bottles of 100 and 1000 / Polaramine Syrup, 2 mg./5 cc., bottles of 10 cc.

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POLARAMINE is a Schering brand pseudoephedrine-chlorpheniramine maleate. REPETABS, ® Repeat Action Tablets.

**IN NAUSEA AND VOMITING
OF PREGNANCY**



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SPECIFIC

Avoids unnecessarily
diffuse or diverse
drug action; effective
in economical
once-a-day dosage

ESTABLISHED

6-year record of successful
use in daily
practice; consistently
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Has no known contraindications;
free of hepatic,
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hazards observed
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PLEASE NOTE!
BONINE[®]
(FORMERLY CALLED
BONAMINE)
is the new name
for the SAME
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brand of meclizine hydrochloride
FORMERLY BONAMINE

SUPPLIED:

BONINE Tablets, scored, 25 mg.

BONINE Chewing Tablets,
mint-flavored, 25 mg.

BONINE Elixir, cherry-flavored, ideal for
children, 12.5 mg. per teaspoonful (5 cc.).

DOSAGE: Adults, 25 to 50 mg. once a day.
Children, usually half the adult dose.

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as well as to those we love. And we are always tested when fear or emotion or prejudice brings the forces of human psychology to bear upon our will, and we are tempted to betray our heritage.

The politicians are human too. When public opinion is drifting this way or that, they want to get on the band wagon and get the credit.

So the rest of us must try our best to be open-minded and independent. We must hesitate about running with the pack or

lining ourselves up with the group that makes the most noise. Often the easy way turns out to be the wrong way.

If you should ask the average man in the street "What is freedom? What are these American liberties people keep talking about?" I think the response would be something like this:

"Here we can move about as we please, without the permission of the police and without giving any explanation to anyone. Here we can find employ-

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TROPHITE® FOR APPETITE

High potency B₁₂ & B₁ preparation. Each delicious teaspoonful, or each convenient tablet, contains 25 mcg. B₁₂ and 10 mg. B₁.

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The man who buys carefully, who looks at every detail, usually owns the finest. In a scant year and a half since its introduction, thousands of physicians have examined and purchased the Birtcher Model 300 Electrocardiograph, because upon inspection and through demonstration they discovered such accuracy and obvious quality that they honestly couldn't settle for less... have you had a demonstration of the Birtcher Electrocardiograph as yet?



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Please send me, without obligation, the ECG Rule and 2-speed cardiography booklet and album on the Birtcher Model 300 Electrocardiograph.

Doctor _____

Address _____

City _____ Zone _____ State _____



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Mrs. C.R. is Normotensive with Singoserp/Esidrix...

Relieved of hypertensive headache, patient can now carry out heavy responsibilities

Severe headache—a symptom of her hypertension—has troubled Mrs. C. R. for about 4 years. Her job and home life have imposed additional stress. Employed by a chocolate manufacturer—on the “swing shift”—she works in a cold room, wearing a coat and wool socks as protection. After work she waits a half hour for a bus that gets her home at 1:30 a.m.

Mornings at home offer no respite. Since her husband, a cardiac cripple, cannot help with

household chores, she does the cleaning and shopping, also works on the lawn and garden. Mrs. R. and her husband built their own house from the foundation up some years ago. After his incapacitating heart attack in 1957 she poured the concrete walks and patio herself.

Initially, Mrs. R.'s physician prescribed meprobamate and chlorothiazide, with no effect. On January 29, 1959, she was switched to Esidrix 50 mg. in combination with Singoserp 0.5 mg. daily;

Before treatment: B. P. 190/110 mm. Hg



After treatment: B. P. 140/80 mm. Hg



her blood pressure was then 190/110 mm. Hg.

By March 9, Singoserp/Esidrix combination therapy had lowered Mrs. R.'s pressure to 150/100 mm. Hg. On June 1, the reading was 140/80 mm. Hg. As of August 24, the patient's blood pressure had stabilized at that normotensive level.

Mrs. R. is delighted with the results of Singoserp/Esidrix treatment. Her headaches are gone. She once again has the energy to handle

her heavy responsibilities at work and at home.

With Singoserp-Esidrix you give your hypertensive patients the benefits of potentiated therapy. Often more effective than a single drug, Singoserp-Esidrix usually relieves hypertension without side effects. Indicated in mild to moderate hypertension.

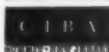
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(tyrosinopine and hydrochlorothiazide CIBA)

Combination Tablets

POTENTIATED ANTIHYPERTENSIVE



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THE ILLUSION OF SECURITY

ment at the trade or profession or occupation of our choice without getting permission from any public official to do so. Here we can follow the religion of our choice without interference or harassment by the government."

I am trying to impress upon you that at the root of all our freedom lie certain rights and guarantees that are set forth in the Constitution and embodied in our laws. Many of these are called civil rights. Their importance to us cannot possibly be overstated. There can be no true justice unless these principles are adhered to.

Let's Not Cut Corners

For example, let's say some particularly heinous or revolting crime has been committed. Or let's say we are faced with some public danger. At such times there is always pressure to cut corners by disregarding Constitutional guarantees or laws passed for the protection of all.

I ask you to stand against this—something that deprives an accused of a fair trial, or an illegal search and seizure, or the

failure to admit a prisoner to proper bail, or denying him of the right to counsel, or holding him for an unreasonable time before preferring a specific charge against him.

These seemingly procedural rules are part and parcel of what is in truth and in fact American freedom.

The privilege against self-incrimination extends to Communists as well as to others who may be charged with crimes. Their rights must be upheld no matter how mischievous or dangerous they may be. The historical reasons behind this part of our Bill of Rights are just as valid today as they were when that part of the Constitution was adopted. I would rather see every Communist go scot free than abandon or water down a single one of our precious freedoms!

As a nation, we are rich and powerful. But such is our passion for security and order that many of us would deal harshly—and unwisely—with those who seem to threaten our peace of mind. Many of us would do this with-

"Griseofulvin, an antifungal antibiotic, administered systemically, cures tinea capitis."¹

Schering

Hairs infected with *Microsporum* fungi fluoresce under Wood's light, valuable diagnostic tool for common tinea capitis. The photograph below was taken by means of a specially developed filter, which enables color film to record the fluorescence produced by ultraviolet light.

Reference: 1) Robinson, H. M., Jr., and Robinson, R. C. V., *Clinical Dermatology*, Baltimore, Williams & Wilkins Company, 1959, p. 200.



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clears the tineas from head to toe -- even in difficult ringworm cases -- striking clinical results

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S-406



in tinea capitis
Before treatment.

PHOTOS COURTESY N. M. ROBINSON, JR., M.D., BALTIMORE, MD.

After three weeks' treatment with FULVICIN.

in onychomycosis—most resistant of fungous infections and heretofore considered intractable—FULVICIN achieves results typified by the case below:
Tinea of five years' duration before treatment. Infecting organism: *T. rubrum*.

After treatment with FULVICIN for approximately three months. Infection cleared; new fingernail growth virtually complete.

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THE ILLUSION OF SECURITY

out pausing to consider that in the process we may lose or impair the vigor of those freedoms which are our surest weapons against our enemies.

Upon such spiritual forces as goodwill and freedom and justice our Republic was founded. They, and not mere material wealth or physical force, must guide our destiny.

Security Can't Be Bought

There is no security in material things. It is mere illusion to suppose that one can purchase security or attain it otherwise than by the development of our personal resources as individual human beings. The most valuable and precious things in life cannot be bought by money. Security is one of these.

People all over the world in the last few years have developed an almost morbid interest in security. I was talking recently with a man in charge of the personnel division of one of the large manufacturing concerns. He told me how often young men just out of college and applying for jobs asked about the

age of retirement, the pension rights, and various matters of that sort.

Young girls nowadays are hardly out of the church where the wedding ceremony is performed when they permit their thoughts to wander to the subject of when their husbands are going to retire. They'd like to spend the rest of their lives basking in the sunshine, traveling around the world, and seeing all the sights.

What few people seem to realize is that practically everybody gets most of his fun out of his work. This basking in the sunshine and sitting around reading all the new novels and detective stories is a good thing to talk about when you are selling life insurance. But for most of us, it just does not work.

For professional men such as architects, engineers, lawyers, doctors, and so on, the proposition is almost self-evident. I found the same thing to be true among factory workers when I tried one of these wage and hour cases a few years ago. It involved the classifications of the workers

THE ILLUSION OF SECURITY

in the RCA plant at Camden, N.J.

You should have heard some of those men telling me about capacitors and transformers and the way they processed the work in the plant so that each individual operation might be done with the greatest economy. One of the men had received several increases in pay for improvements that he had developed. I can still see the sparkle in his eye as he told me about them.

Just compare these things with sitting around living the life of Reilly while your innate talents gradually wither and disappear. All that remains then is the veneer and polish that comes with the life of leisure.

How to Be Happy

And so I tell you, don't let anybody fool you about this retirement security business. The happiness in life for you lies in the mastery of the field in which you choose to work. Constant thought, the exercise of your imagination, the strengthening of your character by determination to overcome obstacles—these

are the things that will constitute your real security.


Just about the worst thing the average man or woman can do is to get in the frame of mind where he or she is thinking all the time about security. It is just like taking dope.

If you keep thinking about security long enough, especially when you are under 50, you begin to live in a topsy-turvy world. You come to think about things as fun which are really not fun at all, and you wind up leading a wretched existence—all the while telling yourself what a gorgeous time you are having, without really believing it.

In the lives of each of us, there is a time for everything. It is proper and fitting that one should slow up a bit and drop into a canter after the race is run, as old Justice Holmes said when he was just past 90.

But the life full of effort and striving is the life that develops our abilities and our character to their true potential. This only is true success. It brings the only true security and the only true freedom.

END



There's hardly a reason *not* to prescribe Doriden[®] for every patient who needs a good night's sleep.

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CIBA
SUMMIT, N. J.

*the beauty
of these
antitussives:*



Robitussin®

Robitussin® A-C

Dimetane® Expectorant

Dimetane® Expectorant-DC

they help the cough remove its cause

These elegant antitussives comprise a group of significantly superior expectorants from which you may select the formula best suited for your coughing patient.

They all include glyceryl guaiacolate, which greatly increases the secretion of Respiratory Tract Fluid,¹ thereby promoting the natural purpose of the cough, which is to remove the irritants that cause it.^{1,2}

Moreover, they afford a choice of widely accepted drugs (such as Dimetane,[®] sympathomimetics, and dihydrocodeinone) in various combinations with glyceryl guaiacolate to provide for the relief of many different kinds of coughs and associated symptoms.

Robitussin[®]



Each teaspoonful contains:
Glyceryl guaiacolate.....100 mg.

Robitussin[®] A-C



Each teaspoonful contains:
Glyceryl guaiacolate.....100 mg.
Propenpyridamine
maleate 7.5 mg.
Codeine phosphate 10 mg.
(*exempt narcotic*)

Dimetane[®] Expectorant



Each teaspoonful contains:
Parabromdylamine maleate,
(DIMETANE) 2 mg.
Glyceryl guaiacolate.....100 mg.
Phenylephrine HCl, USP 5 mg.
Phenylpropanolamine
HCl, NNR..... 5 mg.

Dimetane[®] Expectorant-DC



Each teaspoonful contains the
Dimetane Expectorant formula
plus Dihydrocodeinone bitar-
trate, NF 1.8 mg.
(*exempt narcotic*)

1. Cass, L. J., and Frederik, W. S.: *Am. Pract. & Digest Treat.* 2:844, 1951. 2. Blanchard, K., and Ford, R. A.: *Journal-Lancet* 74:443, 1954.

A. H. ROBINS COMPANY, INC., RICHMOND 20, VIRGINIA



'I Was Clipped by A Con Man'

Continued from 88

quaintance with a young hospital attendant who said he was of Danish origin. One day, the attendant visited the specialist's office and told an excited story. Seems he'd been awarded a place in the freshman class at the Johns Hopkins medical school; but he'd have to send an immediate \$100 deposit. His parents, he added, couldn't get money to him from Denmark in time. The sympathetic doctor advanced the money, and the young Dane ostensibly set off for Baltimore. Much later, when the ophthalmologist wrote Hopkins to inquire about his protégé, the school replied that it had never heard of the boy.

¶ A doctor in West Virginia was visited by a young man who identified himself as a representative of a syndicate of insurance companies. He said that the syndicate had picked the doctor to be its local medical examiner and

that he'd soon be receiving its referrals. Pleased at the prospect of extra practice, the physician filled out a form about his educational and professional background. He also wrote a \$15 check for having the form "processed." His visitor shook hands and departed—forever.

He Won—and Lost

¶ A doctor who prefers not to be identified has told MEDICAL ECONOMICS this tale: "A sportily dressed man of about 50 visited my office. Explaining that he was a commissioner at a near-by race track, he said one of the jockeys was having dizzy spells. Would I give the kid an appointment for the following day? Naturally, I complied. As the 'commissioner' was leaving, he casually remarked that one of his own horses was sure to win a race that very afternoon. If I wanted to place a small bet, he'd be glad to do it for me and wire me my profit. I handed over \$20. Sure enough, the horse did end up in the money. But I never heard from the commissioner again, nor from the jockey." *More▶*



they can plan their own home . . .

but they need **your** help in planning their family

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THE MODERN CHEMICAL SPERMICIDE

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THE SPERMICIDAL GEL WITH BUILT-IN BARRIER

PRESCRIBED WITH CONFIDENCE FOR SIMPLE, EFFECTIVE CONTRACEPTION

CON MAN

Another racket that still victimizes doctors is the phony collection service. Representatives of dubious agencies go to great lengths to sign doctors up. They then cheat them of their money and, often, patients' goodwill.

Still other petty racketeers send unordered merchandise to the doctor's office and later try to persuade him he's required to pay for it. (He's not.)

Every new circumstance seems to spawn new con games. Even an election is no exception.

"During the last Presidential

election campaign," a California M.D. reports, "I was called several times from Los Angeles by a man who wanted money for his political group. He cited many influential men in my area who had already sent donations. So I finally contributed \$25. Too bad, too, because I later learned that the group we were supposed to be helping—the Jeffersonian Democrats—didn't even exist. The only thing 'liberal' about the man who conned me was his liberality in accepting a gullible doctor's money."

END



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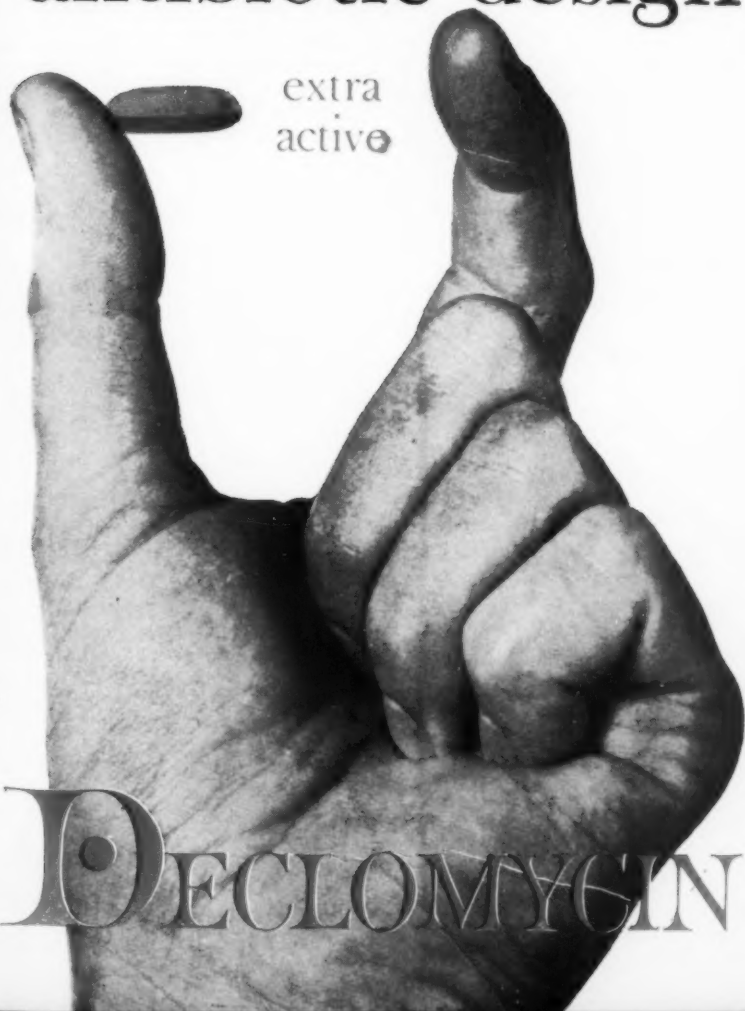
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DECLOMYCIN maintains activity for at least one to two days after discontinuance of dosage.¹ Features unusual security against resurgence of primary infection or onset of secondary bacterial invasion.

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in the distinctive,
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Capsules, 150 mg., bottles of 16 and 100. Adult dosage: 1 capsule four times daily.

Pediatric Drops, 60 mg./cc., in 10 cc. bottle with dropper.

Oral Suspension, 75 mg./5 cc. tsp.

REFERENCES:

1. Hirsch, H. A., and Finland, M.: *New England J. Med.* 260:1099 (May 28) 1959.
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6. Sweeney, W. M.; Hardy, S. M.; Dornbush, A. C., and Rueggeger, J. M.: *Antibiotics & Chemotherapy* 9:13 (Jan.) 1959.

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*Declomycin Caps
150 mg.
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Sig 1 cap q.i.d.*

How to Keep Your Malpractice Rates Down

Continued from 84

damages. For instance, the lawyer will estimate future pain and suffering at, say, \$1 an hour. Then he'll work out the mathematics of his claim for damages on the blackboard: \$24 a day, \$168 a week, \$8,736 a year, etc.

Pennsylvania's courts specifically bar the use of the blackboard for estimating the price of

pain and suffering. They also rule out spectacular forms of "demonstrative evidence." Says Philip H. Strubing of Philadelphia, a leading malpractice defense attorney:

"Fortunately, our courts are more conservative than those in California. By and large, they hold that any emotional appeal to the jury is contrary to the dignity and integrity of the legal process. The whole purpose of a leg wrapped in butcher paper is plainly to incite the jury. If any plaintiff's attorney tried it here, he wouldn't get far."

5. The 'Discovery' of a Doctor's Insurance Coverage

Doctors in Pennsylvania need not disclose the amount of their malpractice coverage. California doctors aren't so lucky. Only a year ago, an appellate court there ruled that physicians may not keep such information secret.

The disadvantage that the state's medical men must labor under is obvious. Insurance men know from experience that heavy coverage, if widely known, invites heavy claims.

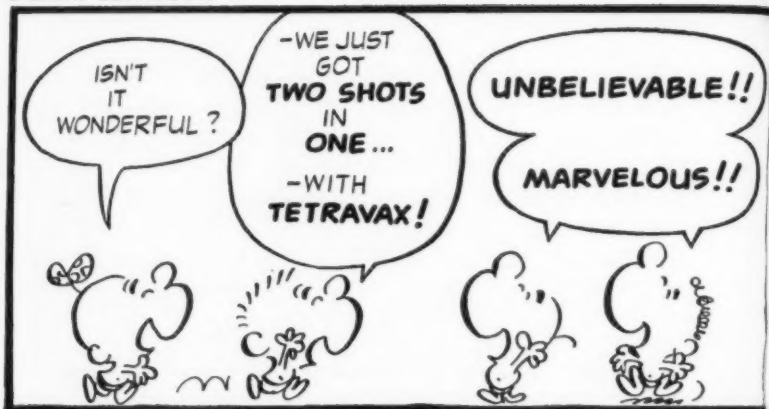
In fact, Stuart A. Deardorff, general agent in Pittsburgh for the Medical Protective Company of Fort Wayne, Ind., argues that low limits of coverage for doctors in large areas of Pennsylvania are a major factor in the low incidence of suits. Here's what he told me:

"It's absolutely true that the amount of insurance available becomes an immediate factor in

More on 276

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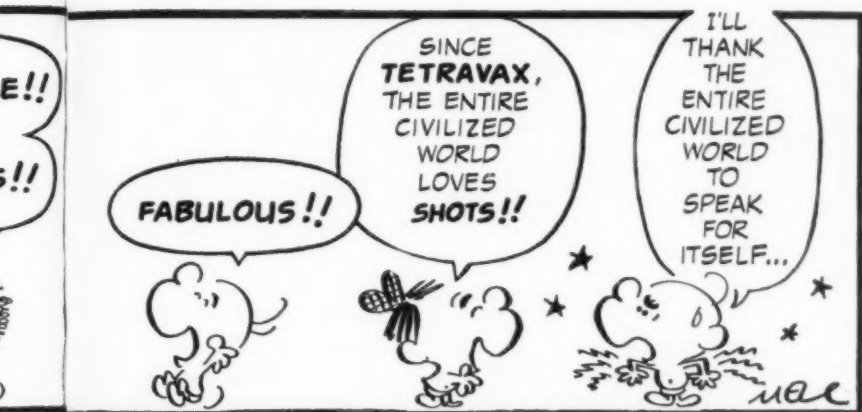


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MALPRACTICE RATES

the size of any settlement. In one recent case I handled, the doctor had performed a tonsillectomy on the wrong patient; and the plaintiff's lawyer demanded \$50,000 in settlement, even though the patient had suffered no lasting damage. When the lawyer explained that he assumed there was \$100,000 coverage, we told him to go ahead and sue. He then came down to \$25,000—and was amazed that we weren't interested. Finally, when he learned that the doctor had only \$5,000 coverage, he said he'd be 'realistic' and drop his demand to \$5,000. We settled out of court for less.

"One thing is obvious," Dearnorff added. "The lawyer's whole

line of reasoning was based on the amount of insurance involved. The only thing that kept our settlement within reasonable bounds was the fact that the doctor wasn't overinsured."

One of California's top malpractice authorities, A. A. Sandor, LL.B., M.D., of Alhambra, Calif., endorses this view. He says: "Melvin Belli once made a statement in my presence that if a doctor didn't have a sizable policy, he (Belli) wouldn't bother to take the case. I believe our limits of coverage are too high. But I also can't help thinking that if Melvin Belli were removed from the California malpractice scene, our rates would drop 50 per cent!"

6. The Law on Seizing a Doctor's Assets

"In Pennsylvania, the law enables a doctor to become virtually judgment-proof," says Stuart Dearnorff. "The state has a joint tenancy law under which a doctor's assets held jointly with his wife may not be attached to satisfy a judgment against him as an individual."

Again, it's a very different picture in California. A judgment in court against a doctor amounts to a lien on his property, even though under California law there's joint ownership of property. In one West Coast case, a doctor who had minimal insur-

More on 280



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patients
who meet
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of their
frustrations
with food*




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PHANTOS (full strength) and PHANTOS-10 (two-thirds strength for those who can be managed on lower dosage) effectively counteract the underlying causes of overeating which make the patient "who just can't stay on a diet" so difficult and discouraging to treat.

PHANTOS and PHANTOS-10 provide: mood elevation to help allay the stress and depression which weaken will power, *plus* day-long appetite suppression ■ a helpful metabolic boost ■ convenient once-a-day dosage ■ alleviation of morning constipation and evening excitation.

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prompt palliative effect plus defense against secondary invaders

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Dosage: Adults—first day, 2 capsules q.i.d.; 1 capsule q.i.d. thereafter.

Continue therapy for 5 to 7 days or until patient is asymptomatic for at least 48 hours.

Caution: The usual precautions in sulfonamide therapy should be observed, including maintenance of adequate fluid intake. If toxic reactions or blood dyscrasias occur, use of the drug should be discontinued.



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MALPRACTICE RATES

ance coverage lost a \$75,000 suit. Since his insurance covered only \$5,000, he lost his home, his automobile, and various other assets.

In a similar Pennsylvania case, a doctor succeeded in transferring the deed to his \$40,000 home to his wife's name even after suit had been filed. Techni-

cally, a Pennsylvanian can transfer ownership of real estate and other assets up until the time the judgment is handed down.

In another recent case, a Philadelphia plaintiff's attorney spent \$6,000 and several weeks' time preparing a malpractice suit against a physician. Three

More on 284



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degreases the skin helps remove blackheads dries and peels the skin

...and this is how it works

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... in bar form. For therapeutic washing to keep the skin dry and free of blackheads during maintenance therapy. Also used in relatively less oily acne.

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'Compazine' reduces the impact of emotional stress—relieves fear and apprehension. Also, many "heart worriers" no longer experience cardiac pains or palpitations. And, with emotional tension dispelled by 'Compazine', hypertensive patients often show a lowering of blood pressure.

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'Compazine' relieves anxiety, tension and related depression. Your patient may "feel like her old self," eat better and sleep better, and regain a normal level of interests and activities. Furthermore, in many cases the requirement for hormone therapy may be reduced.



MALPRACTICE RATES

weeks before the trial, he learned that the doctor had no tangible assets and that his insurance coverage totaled only \$10,000.

"I settled promptly for \$7,500," the lawyer told me. "What else could I do?"

So there's the two-state legal picture as it affects malpractice actions. Without exception, the six points I've mentioned work in favor of the Pennsylvania physician. And in favor of low malpractice rates.

Nonlegal Differences

Why is the law so much harder on doctors in California than in Pennsylvania? Is it, I wonder, because of certain differences in the doctors' own attitudes toward medicine and medical economics?

California's generally higher fees may indeed mean more dissatisfied patients. Then, too, there are more groups and partnerships in that state—types of practice that probably entail greater risks.

I'm also impressed by the fact that several of my informants insisted that Pennsylvania M.D.s

practice a more conservative brand of medicine. (Witness a higher Caesarean-section rate in California, pointed out one OB/Gyn. man.)

An Intangible Reason

But I'm most impressed by an explanation that's hard to pin down, because it concerns the doctor-patient relationship. Most of the defense lawyers and insurance men I know believe that the doctor who has his patients' full confidence and respect is least likely to be sued, even if he makes a mistake.

"Don't you suppose that we in Pennsylvania may have more solid patient-relationships than many of our U.S. colleagues? Wouldn't that be a good reason for our favorable malpractice record?"

These two questions, almost rhetorical, came from Dr. A. Reynolds Crane, chief pathologist of the "old" Pennsylvania Hospital in Philadelphia, which was the first hospital opened in the U.S. Dr. Crane is regarded as one of the top medicolegal authorities in his state. *More▶*



who coughed?

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• U.S. Pat. 2,680,408

MALPRACTICE RATES

"We have tradition on our side," he went on. "The very first medical school in the country, at the University of Pennsylvania, is here. It's also true that around here there's often a long tradition in doctor-patient relationships handed down from grandfather to son to grandson in both the doctor's family and the patient's family. It seems to me that this contributes more than a little to a sympathetic handling of people and a mutual understanding and respect that is felt by the public and the profession alike."

'Less Turnover' of M.D.s

I got pretty much the same view from Dr. W. Benson Harer of Upper Darby, a Pennsylvania Medical Society trustee, and from Dr. Harold B. Gardner, who runs the society's defense fund. "There's less change-over or turnover of doctors by patients in Pennsylvania," suggested Dr. Harer. "The relationships are of longer standing. By and large, the population here is more constant, less transient than California's."

Still, every physician can't live in the conservative, tradition-bound sections of this country. That's why I've concentrated on an analysis of the laws of California and Pennsylvania rather than on the less tangible distinctions between them. Wherever you live, it seems to me, you can *do* something about the existing laws.

I don't mean to recommend that doctors work blindly toward a restoration of the nineteenth-century status quo. But I believe that men who are aware of the malpractice problem can do a lot toward planning some intelligent legislative and political activity. And—perhaps even more important—they can work toward re-establishing public confidence in the medical profession generally.

Confidence can't be easily measured. But after studying the malpractice law as it's applied in two states of comparable size and wealth, I can't help concluding that when the public has confidence in doctors, court interpretations of the law reflect that confidence.

END

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*Traylor, J. B., and Torpin, R.: *Am. J. Obst. & Gynec.* 67:71-74 (Jan.) 1951.

†Projected estimate from data of U.S. Office of Vital Statistics indicated that 3 out of 4 births in 1958 were to multiparas.



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288 MEDICAL ECONOMICS · JANUARY 4, 1960

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Continued from 74

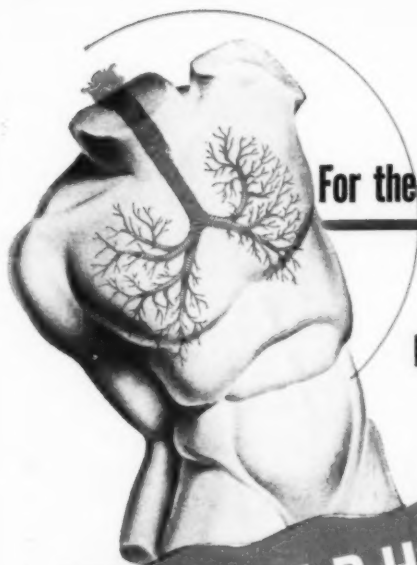
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Chloroform	0.02 cc.
Alcohol	8%

Exempt narcotic

Average adult dose: 1 or 2 teaspoonfuls every two to four hours. Supplied in bottles of 1 pint and 1 gallon.

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NEW YORK 18, N. Y.

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over a cup of coffee . . .

INTERN: I've been wondering why you prescribed AZOTREX for the cystitis case. Are all three agents—tetracycline, sulfa and azo dye—really necessary?



ATTENDING MAN: Well, whenever I treat a urinary infection, I have three things in mind. First, I want to relieve pain, frequency and urgency as soon as I possibly can. Next, I want to eliminate the bacteria in the urine and easily accessible pathogens in the mucosa. Finally, I'd like to clear up the deeper foci of infection and thus help prevent recurrence. With AZOTREX, I have a good chance of accomplishing all three.

INTERN: I can go along with AZOTREX as far as relief of symptoms is concerned. The azo dye is a good urinary analgesic, so I agree with you on the relief of pain. Also I know that some patients get reassurance from the change in color of the urine.

But, why treat the infection with both tetracycline and sulfamethizole? Combination antibacterial therapy has come under some editorial fire recently. You know—no synergistic or additive effect in most cases. Generally, we're supposed to use the single antibiotic or sulfa which the "bugs" are most sensitive to.



ATTENDING MAN: I agree wholeheartedly. That's why I sent a specimen to the lab for culture and sensitivity. But right now we don't know the organisms involved, and it's going to be 2 or 3 days before we get the lab report.

When I have to work in the dark, I want as broad antibacterial coverage as possible. And, if this is a mixed infection—and these are fairly common—our chances are likely to be better with a combination like AZOTREX. Tetracycline and sulfamethizole are effective against many strains of staph, strep, proteus and pneumococci. Rhoads recommends this type of combination therapy for *Pseudomonas*, *A. aerogenes*, *B. faecalis* and *E. coli*. So I figure AZOTREX is a good way to start. Should the sensitivity tests indicate that another antibacterial agent is preferable, we'll switch to that.

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INTERN: You also said something about deeper foci of infection in the kidney . . . ?



ATTENDING MAN: We are both aware that a foreign body or obstruction will cause persistence of the infection and should be attacked directly. However, infection may persist or recur even in their absence.

Kass has suggested that this may be due to inadequate drug levels in tissues with a poor blood supply. Such circumstances may account for the reappearance, even after apparent sterilization of the urine, of the original organism with the same antibiotic sensitivity. Also, inadequate local tissue concentrations might fail to kill all bacteria and encourage the emergence of resistant strains. In Kass' view, high blood levels of drug are necessary to permit penetration of sufficient amounts to be of therapeutic value.

Tetracycline — especially in its phosphate form — is rapidly absorbed from the G. I. tract and produces high blood and tissue levels. According to Mason, sulfamethizole is one of the most soluble sulfonamides; this means high urinary antibacterial concentrations without crystalluria. I'd suggest you look this up in the U. S. Dispensary and in N. N. D.

References: Rhoads, P. S.: Postgrad. Med. 21:563 (June) 1957; Kass, E. H.: Am. J. Med. 18:764 (May) 1955; Mason, T. J. in Conn, H. F.: Current Therapy — 1959, W. B. Saunders, Philadelphia, p. 342; Osol, A. and Farrar, G. E., Jr., Eds.: The Dispensary of the United States of America 25th edition, Philadelphia, J. B. Lippincott Co., 1955, p. 1881; New and Nonofficial Drugs 1959, Philadelphia, J. B. Lippincott Co., p. 60.

INTERN: O. K., I'll look it up. In the meantime I'll try to keep an open mind.



ATTENDING MAN: So far, we've talked only about "bugs and drugs". Let's not forget we're dealing with a sick person who will have to take medicine for a long time. It's a lot easier and more convenient to take one capsule instead of three. Now, how about another cup of coffee?

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U.S. PAT. NO. 2,793,608



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American Ferment Caroid & Bile Salts Tablets 185	Green Shoe Mfg. Co. The Stride Rite Shoe 8
American Optical Company Stereoscopic Surgical Microscope 206	Hanksraft Co. Hanksraft Vaporizer 132
Ames Company, Inc. Dechotyl Tablets (PDR 616) 128	Kinney & Company, Inc. Emetrol (PDR 689) 210
Armour Pharmaceutical Company Chymar (PDR 620) 65 Depinar 14	Knox Gelatine Co., Inc. Gelatine 34, 35
Astra Pharmaceutical Prods., Inc. Nyxolaine HCl Solution (PDR 624) Insert between 32, 33	Lederle Laboratories Aristocort (PDR 694) 58, 59 Declomycin (PDR 695) 269, 270, 271, 272 Filibon (PDR 697) 28 Pathibamate 400/200 (PDR 700) 114, 115 Pronemia (PDR 701) 247
Ayerst Laboratories Murel "Murel"—S.A. 140, 141	Leeming & Co., Inc., Thos. Metamine Sustained (PDR 704) 251 Ben-Gay 66
Battle & Company Papine 250	Lilly & Company, Eli Amesec (PDR 705) 179 Ilosone Drops (PDR 712) 168 Ilosone 125 Suspension (PDR 712) 169 Mi-Cebrin T (PDR 713) 171 Multicebrin (PDR 713) 175 Trinsicon (PDR 716) 167 Valmid (PDR 717) 177 V-Kor (PDR 718) 173
Birtcher Corp., The Model 300 Electrocardiograph 257	McNeil Laboratories, Inc. Butisepine (PDR 727) 5 Parafon (PDR 728) 55 Parafon with Prednisolone (PDR 729) 55 Tylenol (PDR 729) 236
Bristol Laboratories Azotrex (PDR 642) 290, 291 Saluron Tablets (PDR 643) ... Insert between 132, 133	Massengill Company, The S. E. Homagenets (PDR 725) 10
Burroughs Wellcome & Co. Fedrazil (PDR 646) 220	Mead Johnson & Company Natalins Comprehensive Tablets (PDR 731) 287
Carnation Company Carnalac 196 Evaporated Milk 196	Medical Protective Company, The Malpractice Insurance 288
Ciba Pharmaceutical Products Inc. Doriden (PDR 654) 263 Esidrix Combinations (PDR 655) 193, 204, 205 Serpasil-Apresoline (PDR 659) 229 Singoserp-Esidrix 258, 259 Tessalon (PDR 660) 43	Medicone Company Medicone Rectal Suppositories } .218, 219 Medicone Rectal Unguent }
Cooper, Tinsley Laboratories, Inc. Phantos & Phantos-10 (PDR 662) 277	Merck Sharp & Dohme (Div. of Merck & Co., Inc.) Cremomycin (PDR 734) 215 Decabamate (PDR 734) 52, 53 Decadron (PDR 735) 6 Diupres (PDR 735) 118, 119 HydroDiuril (PDR 737) 30, 31 Neo-Decadron Topical Cream (PDR 740) 202, 203 Neo-Hydreltrasol Nasal Spray (PDR 740) 41 Pentazets Troches (PDR 740) IBC Tetravax (PDR 741) 274, 275
Daywell Laboratories, Inc. Vergo 288	
Desitin Chemical Co. Desitin Ointment 149	
Eaton Laboratories Altafur (PDR 670) 190, 191 Furadantin (PDR 671) 231, 233	
Endo Laboratories Hycomine Syrup (PDR 673) 285	

Binding covered by U.S. Patent No. 2,498,724

INDEX OF ADVERTISERS

- Merrell Co., The Wm. S.**
 Bentyt (PDR 743) 207
 Kolantyl (PDR 744) IFC
 Temute (PDR 746) 108, 109
- Mulford Colloid Laboratories**
 Anerget (PDR 747) .. 241, 242, 243, 244
- Organon Inc.**
 Durabolin (PDR 754) 212, 213
- Ortho Pharmaceutical Corp.**
 Delfen Vaginal Cream (PDR 756) ... 267
 Preceptin Vaginal Gel (PDR 757) ... 267
- Parke, Davis & Company**
 Chloromycetin (PDR 759) 154, 155
- Pfizer Laboratories (Div., Chas. Pfizer & Co., Inc.)**
 Ataraxoid (PDR 767) 198, 199
 Bonine (PDR 767) 254, 255
 Cosa-Tetrastatin (PDR 768)
 Diabinese
 (PDR 768) Insert between 66, 67
 Tyzine (PDR 771) 159
- Pitman-Moore Company**
 Novahistine LP .. Insert between 236, 237
- Robins Co., Inc., A. H.**
 Dimetane (PDR 785) 49
 Dimetane Expectoant
 (PDR 785) 264, 265
 Donnazyme (PDR 786) 33
 Robitussin (PDR 787) 264, 265
- Roche Laboratories**
 Madribon (PDR 790) 138, 139
 Madricidin (PDR 790) 278, 279
 Tigam (PDR 794) 162, 163
- Roeig & Company, J. B.**
 Atarax (PDR 795) 216, 217
- Rorer, Inc., William H.**
 Ascriptin (PDR 798) 152
 Maalox (PDR 798) 51
- Rystan Company**
 Chlorestum Ointment (PDR 800) ... 18
- Sandoz Pharmaceutical**
 Fiorinal (PDR 802) 135
 Mellaril 44, 45
- SchenLabs Pharmaceuticals, Inc.**
 Durbane (PDR 804) 47
 Dorbantyl (PDR 804) 47
 Dorbantyl Forte (PDR 804) 47
- Schering Corporation**
 Demazin (PDR 806) 117
 Fulvicin (PDR 806) 23, 260, 261
 Fulvicin Insert between 260, 261
 Meticorten (PDR 806) 19, 48, 225
 Pollaramine Repetabs (PDR 807) ... 253
 Rela 38, 130, 131, 197
- Searle & Co., G. D.**
 Nilevar (PDR 811) 194, 195
- Smith-Dorsey**
 Calurin (PDR 813) 238, 239
- Smith Kline & French Laboratories**
 Compazine (PDR 815) 282, 283
 Caprisal (PDR 817) 112
 Dexanymyl Spansule (PDR 817) 20
 Dexedrine Spansule (PDR 818) 21
 Eskatrol Spansule BC
 Feosol Spansule (PDR 819) 37
 Fortespan 292
 Paredrine-Sulfathiazole Suspension
 (PDR 820) 120
 Stelazine (PDR 820) 62, 63
 Temaril (PDR 821) 12
 Trophite (PDR 822) 256
- Squibb & Sons, E. R. (Div. of Olin Mathieson Chem. Corp.)**
 Naturctin 99, 100, 101
 Theragran-M (PDR 838) 226, 227
 Vesprun (PDR 838) 157
- Strassenburgh Co., R. J.**
 Biphettamine (PDR 840) 103
 Ionamin (PDR 840) 105
 Tussionex (PDR 841) 107
- Upjohn Company, The**
 Medaprin (PDR 860) 211
 Panalba (PDR 863) 150, 151
- Wallace Laboratories**
 Appetrol (PDR 870) 224
 Deprol (PDR 870) 208, 209
 Meprospan 400 (PDR 870) 142
 Meprospan (PDR 870) 113
 Milprem (PDR 870) 97
 Miltown (PDR 870) 161, 165
 Milpath (PDR 870) 121
 Soma (PDR 871) 186, 187
- Warner-Chilcott Laboratories**
 Anusol (PDR 872) 123
 Anusol-HC 123
 Biomydrin Nasal Spray Drops
 (PDR 872) 125
 Nardril (PDR 873) 189
 Proloid (PDR 874) 295
 Sinutab (PDR 874) 127
 Tedral (PDR 874) 129
- Warren-Teed Prods. Co., The**
 Kaon Elixir (PDR 875) 180
- Westwood Pharmaceuticals**
 Postex Cake-Cream (PDR 877) 281
- White Laboratories, Inc.**
 Disomer (PDR 878) 27
 Permitil (PDR 880) 248, 249
- Whitehall Laboratories**
 Anacin 144
- Winthrop Laboratories**
 Synephricol 289
- Wyeth Laboratories**
 Aludrox SA (PDR 884) 137
 Equanil (PDR 886) 39
 Ostensin (PDR 887) 182, 183
 Pen-Vee K (PDR 887) 146, 147
 Prozine (PDR 890) 16

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Memo

From the Editors

Cram Course

Over the next three months, MEDICAL ECONOMICS will publish about twenty articles that amount to a cram course in tax savings. It's worth several hundred dollars to the typical doctor, tax experts have estimated, if he deducts all the legitimate items listed in these articles that he hasn't been deducting up to now.

Last month's article "We Scraped the Barrel for Tax Deductions" started the new series off. Forthcoming articles will spotlight other deductible items that many doctors overlook. And in lighting up these dim areas, the new series will give you more than just factual information. It'll set forth *the best strategy* for you to use. It'll specify *the right approach* to any tax deduction. For instance:

Next month you'll be asked the question: "What Kind of Taxpayer Are You—Lion or Mouse?" There's a self-test to help you answer it. Then there's an expert discussion of the kind of taxpayer you *should* be. (The experts' Rx:

two-thirds lion, one-third mouse.) Finally, you're told exactly how to apply this to a good many borderline tax situations.

Where does MEDICAL ECONOMICS get such material? From the best tax sources it can find around the country. Eight such experts were brought together for the "Lion or Mouse" article. Top attorneys, C.P.A.s, and tax consultants have been tapped for others. The resulting articles are checked before publication with the Internal Revenue Service. All this makes them more than merely authoritative; it makes them useful supporting evidence in some cases.

Some months ago, for example, an Alabama physician sent us a telegram. One of his tax deductions was being challenged, and he remembered that we'd published an article giving guidance in the matter. Could we track it down?

We mailed him the article, and a bit later we heard about the results: After reading the article, the revenue agent had rechecked with his superiors. Then he'd withdrawn his objections to the doctor's deduction.

It's not often, of course, that our tax articles are news to revenue agents. But they *are* often news to medical men. Money-saving news—\$300 to \$500 worth, according to our consultants' estimates. Don't miss getting your share. END



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